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MENTAL HEALTH SERVICES IN NEWFOUNDLAND AND LABRADOR

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PREFACE

This report has been prepared as a result of a request by the Program Review and Development Division of the Policy and Planning Secretariat of the Executive Council. This recently formed Division has indicated a desire to undertake, with the Department of Health, a review of all health programs. The preparation of this report is a response to this request.

Yearly reports on mental health services have been submitted to the Department of Health since the creation of a Mental Health Services Division. A full, comprehensive report which dealt with the mental health service delivery system was prepared in 1973 at the request of the Minister of Health. This report dealt with services not only within the Department of Health but also as they relate to services within other departments of government and the community. This program review will therefore serve a dual purpose - to respond to the request of the Policy and Planning Secretariat and to provide up to date information on mental health services to our Minister during the inter-

vening period since 1973. The report will contain, in addition to a review of existing services, a developmental approach to the strengthening and orderly development of a network of provincial mental health services.

FOREWORD

This program review describes the present framework for the provision of a network of provincial mental health services. At the same time it will detail directions for future development. This will include the mental health aspects of a comprehensive health system and in addition those aspects of mental health which exist or should exist within other departments of government and their delivery systems.

The emphasis in this review will be on the administrative and organizational aspects of our mental health delivery system and how it facilitates the provision of clinical services to the individual in all regions throughout the Province.

This program review makes no attempt to deal with the professional and technological aspects of mental health and mental disorder. It does not attempt to deal with a vast number of related matters for example, the physiological, bio-chemical, neurological, social, psychological, epidemiological and ethnological factors.

However in the planning and design of systems for service delivery, the professional planners take into account the accumulated knowledge, pertaining to mental health and mental disorder, in as far as current knowledge permits. Also, the professional planner is vitally concerned with facilitating the easy access to these services by the people of our province. There are obvious pitfalls and dangers in any report which focuses on the business-systems approach to the provision of human services - important as this might be. In our current preoccupation with "systems approaches" we must constantly remind ourselves that a service is only as effective as the professionals who are providing the direct service components and that any assessment or evaluation of these services must be concerned with the efficiency, effectiveness and availability to the target population rather than to its business efficiency.

PROGRAM BACKGROUND

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The History of the Development of Mental Health Services in Newfoundland

The evolution of services for people with mental disorders has been a slow and difficult process because of the many myths, misconceptions, superstitions, etc. attached to these illnesses. These "stigma" related to such illnesses, although diminished, are still with us today and frequently act as a deterent in the development of effective programs and in being able to utilize current professional knowledge. Indeed it is a fact that mental health programs are the lowest on the list of priorities in health services - this is particularly true in times of austerity when mental health services are the first to be considered for cutback or even elimination - in spite of the fact that many of these services are at the embryo stages of development.

Another unfortunate carry over from the past is the myth of dangerousness. This concept helps to perpetuate the notion that people who suffer from mental disorder should be subject to

unusual custodial and restraining measures. There is not the slightest evidence that, as a group, people with "psychiatric" disorders are more dangerous than the general population.

The first serious attempt to equate mental disorder with physical disorder and to provide some measure of treatment and care was in the erection of a mental hospital at the site of the present psychiatric hospital (The Waterford Hospital) in 1855. It is interesting to note that for many years it was called the "Lunatic Asylum", then the Mental Hospital, then the Hospital for Mental and Nervous Diseases and in more recent times the Waterford Hospital. This in itself is indicative of changing views and attitudes.

From 1855 until the 1930's this institution's main focus was to provide a place of custody and care for only those who were suffering from very severe forms of mental disorder. All patients were admitted to hospital only by medical/legal commitment under the then provincial mental health act which was known as "The Insane Persons Act". Humane treatment would describe the program. There was very little

emphasis on treatment with a view to rehabilitation. There were no training programs for staff. The Act Respecting Insane Persons specifically designated that all certified patients would be committed to the mental hospital.

It should be stated however that even in these early years many people were being treated by their family physician for various forms of mental disorder both in the community and in the wards of the general hospital. As usual there was a careful distinction made between the mentally ill who were admitted to the mental hospital who were regarded as "mental patients" and those people who could be treated or cared for in general hospital or community services by doctors, public health nurses, and social agencies who were usually referred to as people who had "nervous breakdowns". These kinds of attitudes have not entirely disappeared.

In the 1940's there were a number of significant changes and developments. Some of these were - the introduction of departments of psychiatry in most medical schools; new emphasis

on the training of other social and behavioural disciplines with particular emphasis on their roles in health services. This undoubtedly had something to do with changes in attitudes of the general public. Coincidental with these new trends departments of health and governments became more receptive to recommendations for changing existing patterns of services to emphasize the therapeutic and rehabilitative aspects of mental illness and for extending the role of the existing large, centralized mental hospitals by the addition of out-patient, day-treatment, and foster home care. The Hospital for Mental and Nervous Diseases in St. John's pioneered in a number of these developments such as: - the day hospital; the community boarding care and the inauguration with the Department of Psychiatry at Dalhousie of the first network of hospital based training programs in psychiatry in Canada

The first in-service training programs for nursing personnel were introduced at the Hospital for Mental and Nervous Diseases in 1946 (both for nurses and nursing assistants). The concept of treatment on open wards and greater freedom and

responsibility for patients such as participation in occupational therapy programs within the hospital, home visits, trial discharges, as well as the creation of positions as trustees for specific patients dates back to the 1940's (Articles: Canada's Health and Welfare, November, 1955, Dr. C.H. Pottle; Journal of the Canadian Hospital Association, February, 1962, Drs. C.H. Pottle, F. Walsh, E. Ryan).

During the period 1945 to 1952 the Hospital for Mental and Nervous Diseases was completely re-organized in terms of patient services. A survey and reclassification of the patient population led to the creation of a number of new services to meet the needs of particular groups as well as the introduction of new service departments with a therapeutic orientation such as Occupational Therapy, Recreational Therapy, Physiotherapy, appointments of other part-time medical consultants, working relationships with the general hospital services in St. John's, the involvement of community agencies such as the Caribou Group of the St. John's Rotary Club. Since that time the Waterford Hospital, as it is now called, has gone ahead with the development of these new services and developed new ones

to meet the needs of the particular patient population which it serves and to reshape its functions to complement the services which have meanwhile been created on a regional basis.

In the early 1940's it was becoming apparent to most people that the large centralized, remote mental hospital could not serve the needs of the province at large and that future services should be decentralized and made more accessible to the people of the province for the purpose of providing early assessment and treatment. Also mental disorder was no longer being seen in isolation from other health and social problems. It was logical therefore that the mental health services of the future would become an integral part of the regional hospital system since they were the major providers of health care.

In other parts of Canada, for instance Nova Scotia, a trend was established in a somewhat different direction - the development of regional mental health services through mental health clinics which were separated from other health services (it is interesting to note that in 1976 these clinics became integrated with the general hospital system).

Our Department of Health, in the early 1940's readily accepted the principle of regional service development and adopted this as an on-going policy. As a consequence psychiatric services were initiated in the St. John's general hospitals (General, Grace General, St. Clare's) in 1946. The policy of making services readily available on a regional level gave a major thrust to the provision of such services in the major general hospitals of the Province, particularly in the 1960's. It may be of interest to document the various dates of development.

1962 - Carbonear - visiting psychiatric out-patients clinic

1965 - Corner Brook - Department of Psychiatry in Western Memorial Hospital

1966 - Gander - Department of Psychiatry in James Paton Memorial Hospital

1966 - St. John's - Department of Psychiatry in Janeway Child Health Centre

1968 - Grand Falls - Department of Psychiatry in Central Newfoundland Hospital

1969 - St. Anthony - Department of Psychiatry in Curtis Memorial Hospital

In the 1950's the Department of Health recognized the need for an administrative/professional structure to provide direction and to co-ordinate this developing network of services. A Director of Mental Health Services was appointed in 1960 and positions created for consulting personnel in other disciplines, nursing, social work, psychology.

The major task for the newly created Mental Health Division was to provide guidelines, standards, and leadership for the creation of an effective and comprehensive based service which would include services for out-patients, day-treatment, in-patient units and educational programs for staff development. All these are accepted traditional general hospital services. In addition to this a fourth service component was vital, namely, the provision of a working link with other departments of government and community agencies (i.e. the schools, the courts, correctional programs). This is often referred to as community mental health services. In practice this means that professionals in the hospital services would work with community

agencies to help them strengthen and develop the mental health components of their services. It would also mean providing the necessary direct evaluation and treatment services to particular patients and clients in these community services.

Personnel in hospital based mental health services, in recent years, have given significant leadership in emphasizing the potential which the hospital has in the prevention of hospitalization, through detection and early treatment, a strong focus on out-patient, day-treatment and community activities rather than a preoccupation with hospital beds (see Appendix C, Statistical form).

Private Practice of Psychiatry

Another important element in the development of community mental health services was provided by the psychiatrist in private practice, which started in the early 1950's in St. John's. Currently, there are nine (9) psychiatrists in private practice in St. John's, as well as one (1) in Grand Falls. All other psychiatrists are employed on a salaried basis by the regional hospitals and by joint appointments with hospital

services and the Department of Psychiatry, Memorial University in St. John's.

The importance of child psychiatric services has always been recognized as important and in the late 1950's the Department of Health assisted a psychiatrist to obtain further specialty training through Dalhousie University, Halifax. The first organized clinic for children was opened in 1962 in a suite of offices specially prepared at the King George V. Building on Water Street, St. John's.

At the opening of the Dr. Charles A. Janeway Child Health Centre, a unit for child psychiatry was created and the staff of the children's clinic at the King George V. Insititute was transferred to this centre. This move was in keeping with the development of services for adults in general hospitals and permitted the expansion of the clinic program to include an in-patient unit, day-treatment program, an out-patient clinic and a consulting program to other services in the Janeway Centre.

The emergence of a Faculty of Medicine and a Department of Psychiatry at the Memorial University of Newfoundland made it possible to create joint university/hospital appointments in psychiatry thereby strengthening the clinical services and the educational programs at all levels.

Manpower is the most important factor in the development of any service. In mental health services this has been, until recent years, the major impediment. In the early years we were entirely dependent on recruitment from outside the province or subsidizing the training of professionals in other centers.

The expansion of Memorial University during the 1960's, particularly the emergence of the Schools of Medicine, Nursing, Social Work, Education and Psychology has alleviated the problem of manpower to an appreciable degree. The Mental Health Division has played an important part in the development of programs within these particular schools, to provide manpower for the provincial mental health services.

The personnel of the Division maintains an on-going working relationship with these professional schools by actively participating in planning, teaching and consultation.

In 1972 the Minister of Health, on the recommendation of the Newfoundland Medical Association, set up an Advisory Committee on Mental Health Services as a result of their concern about major gaps in regional mental health services. This Committee recommended a study of existing services to identify these gaps and to make appropriate recommendations. In 1973 the Minister requested the Mental Health Division to prepare a comprehensive report on the total delivery system for the province and to make recommendations for future development (copy of this report will accompany this program review). This 1973 report on Mental Health Services was accepted in principle by the Department of Health and the Government. Two of the major results of this report were:

- Special vote to employ new professional staff as they became available.

- Authority to initiate three (3) new regional services: Labrador City-Wabush
  Happy Valley
  Stephenville

  and to develop the very limited service existing at Carbonear.

Further acceptance in principle was given to the development of other services at the appropriate time on the Burin Peninsula and at Clarenville-Come by Chance.

The allocation of this special fund enabled the Division to recruit for these new regional services and some existing services, a token number of people since the special fund was discontinued at the end of two years.

The Mental Health Services in these four (4) areas mentioned above are virtually non-existent. The Minister's Advisory Committee on Mental Health Services is still active and playing an important role in continuing to advise the Minister of Health.

The Mental Health Act of the Province had long been regarded as outdated. The Department of Health, in 1969, established a committee on mental

health legislation. This committee prepared a new Mental Health Act which was passed by the legislature June 2, 1971. This Act, which is known as the Mental Health Act, #80, 1971, was proclaimed on January 1, 1975. This Act deals exclusively with the involuntary patient. A particular highlight of this Act, in terms of making a treatment service available to a number of regions as compared with one facility (the Waterford Hospital in the old act), is the provision of authority to hospitalize and treat involuntary patients in any general hospital.

The current situation can be briefly summarized as follows: There are four general hospital based services in St. John's and four regional general hospital services. Although regarded as comprehensive all are in various stages of development with significant gaps and deficiencies which relate to both personnel and physical facilities. There are four new services with token staff and no identifiable physical facilities. There are two further areas which have been accepted in principle but where no services have been initiated.

The up grading of existing services and the ability to establish these new service areas are dependent on one main consideration, namely budget. The availability of professional manpower, which was formerly the principal impediment, no longer exists.

PROGRAM TARGET GROUP

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Mental Health Services are concerned with the promotion and maintenance of good mental health and all aspects of prevention in addition to the treatment of mental disorder.

In terms of public education and the education of special groups and utilizing what knowledge we have about prevention through research, mental health services are concerned with the total population.

Mental health services therefore comes under the umbrella of a wide spectrum of services which are provided not only by health but also by a range of government and community agencies.

In this context mental health personnel cannot confine their service solely to health but must be involved in planning, development and maintenance of services with mental health components which are the responsibility of other departments of government and community agencies.

In addition to the concern of mental health services with the total population as described above there are particular groups and problems which are of primary concern. The following will indicate some of these special target groups and interests:

(1) Twelve (12) percent of the population up to 19 years of age require attention, treatment and care because of emotional and learning disorders (re the Celdic Report - Canadian report on the emotional and learning disorders of children).

(2) Ten (10) percent of the adult population will require hospitalization for psychiatric treatment at some time in their lives.

(3) Thirty (30) percent of the adult population who are seen in the offices of physicians have some appreciable form of mental or emotional disorder requiring treatment.

(4) The number of hospital beds, in Canada, occupied by persons with mental disorder is more than one-half the total number of beds occupied by all hospital patients. (Statistics Canada, 1974, 54,563; 1977 Newfoundland psychiatric beds 548).

(5) An appreciable number of residents in homes and institutions providing programs for the aged, mentally retarded, the physically handicapped, adult or juvenile offenders, require collaboration from mental health personnel in the provision of treatment and rehabilitative services.

(6) In the broad field of alcohol and drug use and abuse the involvement of mental health personnel is required because of the psychiatric component involved. In addition an appreciable number of persons admitted to psychiatric facilities have alcoholism as a primary diagnosis. (Statistics Canada, 1972, 17% of first admissions to psychiatric wards and institutions. In Newfoundland one general hospital psychiatric unit reports 33% of its admissions for 1975).

PROGRAM OBJECTIVES

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In this review an attempt is made to refer to some of the important principles and objectives used by those responsible for the development and operation of mental health services. It is recognized that all program planning must be flexible, susceptible to modification, adaptable to new knowledge, and reviewed regularly. The major objective in the provision of services to patients is that they are as close to their homes and community as is economically and administratively possible.

Objectives and Goals

1. To provide good community mental health programs within reasonable access to the people.
2. To prevent, whenever possible, the development of dependencies incurred by hospitalization, and also the severance of family/social contacts and work disruption.
3. To integrate psychiatric services with other health services and whenever possible to provide hospital services for the person with a mental illness in the same hospital

or institution as those treating the physically ill.

4. To promote the development of comprehensive regional and community programs; and to maintain a working relationship with other agencies concerned with mental health.

5. To encourage local involvement in program planning, development and operation.

6. To provide consultation to other Departments of Government which have mental health components in their programs.

7. To maintain a working relationship with the University and other educational institutions so that maximum use is made of local education and training resources in the provision of personnel and so that appropriate service settings and practicums are made available for professional and technical training.

8. To evaluate and monitor the effectiveness of present services.

9. To foster research which will improve program planning, the quality of service and

the practice of better preventive and treatment methods.

10. To encourage provision of services in the following order of priority:
    (a) Out-patient, community services and consultation.
    (b) Partial hospitalization such as day treatment.
    (c) Full hospitalization - in-patient services.

Guidelines for Planning

The following provides a basis for achieving our objectives:

1. That comprehensive community mental health services, integrated with existing health and social services will receive priority.
2. That proper planning requires adequate and valid information and statistics which are presently inadequate. Existing information and data systems are presently under study by a Federal/Provincial working group.
3. That the procurement of trained personnel is essential in the implementation of any plan.

Training should be adequate and recognized by the appropriate national body. This philosophy has and will continue to receive priority in achieving our objectives. Classification and remuneration must be competitive to attract qualified staff and prevent rapid turnover.

4. That a Regional Service should be a comprehensive community service, and that such regional services should be involved, with leadership from the Mental Health Division, in the development and maintenance of services to the appropriate areas or communities.

5. That current trends in the delivery of psychiatric services would indicate that hospital beds may have been overestimated in the past.

Currently 1.0 bed/1000 is regarded as adequate for 1981. This estimate of 1 bed/1000 will probably be sufficient and could possibly be divided as follows:

.4 beds/1000 for short term care

.6 beds/1000 for long term care.

These figures are used solely as guidelines for the purpose of meeting the needs of people with mental disorders who require hospitalization both on a short and long term basis. Presently such long term beds are provided in the Waterford Hospital only. Future planning should include long term care on a regional basis.

This estimate for beds, however, presupposes that there is an adequate network of community mental health services, and that there are facilities such as nursing homes and convalescent beds for the aged and disabled, and that there are special institutional and educational resources in various regions and areas for the severely and moderately retarded, etc. It also presupposes that there are mental health personnel actively involved in the planning of such programs and in assisting in the direct care and treatment of such

persons specifically requiring their services.

6. That the role of Newfoundland's only psychiatric hospital (The Waterford Hospital), as part of a regional network of psychiatric services, must be carefully analyzed. (This will be done in a later section of this review). Special referral services should also be provided by the provincial general hospitals in St. John's and the Dr. Charles A. Janeway Child Health Centre.

7. That non-hospital facilities and programs be provided as an essential feature in an overall program; e.g. home care, day care, sheltered workshops, out-patient clinics, etc.

8. That there will be cooperative planning between health, social services and rehabilitation authorities in developing alternatives to hospitalization.

9. That where mental health services are developed by general hospitals the community aspects of these services should receive high priority; e.g. consultation to the

schools, courts, homes for special care, etc.

10. That in order to give patients the choice of physicians and continuity of care, the only psychiatric hospital (Waterford Hospital) in the province should encourage the private psychiatrist to practice there, and to facilitate staff appointments for this purpose.

11. That support has been and will continue to be given priority in developing and maintaining a program of continuing education for all professional staff. The planning and development of such programs will require collaboration with Memorial University, regional services and professional associations.

Prior to the 1940's the primary mode of the delivery of mental health services was through the provincial mental hospital in St. John's. The focus was therefore on in-patient care, patient accommodation, etc. In practical terms this meant that any person in the province of Newfoundland and Labrador who required treatment for mental disorder had to be sent to St. John's.

The difficulties involved in providing services at such a distance meant that only the very serious and severe forms of mental disorder were brought to attention and of necessity remained in hospital for long periods of time. There were a number of other deficiencies in trying to provide a service through a large centralized institution far removed from where people live - separation from family and work; difficulties in transportation and communication; and a lack of potential for rehabilitation since most of the patients were suffering from long standing chronic disorders.

This large centralized hospital had no way of intervening at an early stage nor could its staff, because of distance, provide the assistance and consultation required in the many communities of the province. At the same time, there was a reluctance on the part of the people in the community to have a member of the family admitted to this centralized hospital a long distance away, unless the condition of the patient made it mandatory.

Within the last 30 years, therefore, throughout North America, the emphasis has been shifting

from the centralized institutional approach to mental disorder, to the development of a more responsive community based treatment center.

It is becoming accepted that mental health concerns are interwoven throughout all aspects of the delivery of health, social, educational, correctional and rehabilitative services.

This change in approach has necessitated the development of organized mental health services at the community level so that mental health personnel can quickly be involved in early intervention and treatment and can, at the same time, work effectively with other government and community agencies.

In the development of a new community based delivery system, an opportunity existed to introduce mental health services by integrating it with the existing health network rather than as an isolated mental health service at the community level.

In Newfoundland a decision was made to decentralize the mental health delivery system and to integrate such services with the already existing

regional general hospitals. This decision was facilitated by the construction of a number of new regional hospitals throughout the province at that period. This decision to integrate mental health services with the existing general hospital programs was beneficial to patients requiring treatment, to the general hospital organization and to mental health services as a whole.

The person with mental disorder was now able to seek help on the same terms as any other sick person and at an early stage; much of the stigma associated with mental disorder was diminished; the artificial separation between mental and physical health was removed; the person with mental disorder could now use the same expensive, diagnostic resources as any other patient; the professional staff of the hospital could now assist in evaluation and treatment; the need for duplicating services was eliminated.

The general hospital also profitted by this move. It now had available to it a pool of professionals in the mental health field to provide consultation and treatment to a large number of patients

admitted to other medical services and people attending out-patient clinics. The introduction of mental health services into a general hospital program brought an additional benefit to the general hospital which is not always recognized. Professional people in the mental health field already had long experiences in the treatment of mental disorder in the community, (ambulatory treatment) and were aware that hospitalization is only necessary in a small number of cases. Consequently there was a new emphasis in the general hospitals to provide out-reach programs - out-patient, day care, community involvement.

These decentralized regional programs could also offer more practical possibilities for follow-up, after care and rehabilitation of patients within their own community, a possibility which was quite remote during the time when the centralized hospital in St. John's was the only treatment facility.

The development of these new regional general hospital programs would now require a reassessment of the role and function of the Waterford

Psychiatric Hospital and the part it would play in a network of developing services. An opportunity now existed for the Waterford Hospital to provide those services which could not be developed, at least over the short term, by the general hospital programs

Elements of a Comprehensive Community Mental Health Program

A comprehensive provincial mental health program includes a large number of services provided by health, other departments of government and community agencies. In this network of services there are many specialized programs which, because of their nature, require a separate organizational and administrative structure for effective program delivery. In a report of this kind it will not be possible to deal with the specifics of organization and program content. However, an attempt will be made to indicate the basic elements and components of such a network to serve regional/community needs.

For this purpose provincial mental health services will be outlined under four (4) major headings:

1. Psychiatric services in general hospitals.
2. The Waterford Hospital.
3. Other community mental health services.
4. Mental Health Services Division, Department of Health.

1. Psychiatric Services in General Hospitals

It is now an accepted fact that a general hospital program is incomplete without an organized department of mental health (psychiatry). The extent to which the general hospital is involved in the delivery of effective mental health services varies greatly and because it is a comparatively recent development standards and guidelines have not been clearly defined. However, there are a few significant developments which show that psychiatric services are now regarded as an essential part of general hospital services. For instance, the Canadian Council on Hospital Accreditation assumes responsibility for the evaluation of psychiatric services in the general hospital, using criteria similar to that required for other departments such as surgery

or internal medicine. Also a Federal/Provincial working group, which has been engaged in the study of the organization and delivery of mental health services as an integral part of total health services, has now completed a first draft of Guidelines for Establishing Standards for Mental Health Services in General Hospitals. The following is a list of the basic elements of an organized psychiatric unit:

1. in-patient services;
2. out-patient services;
3. partial hospitalization (day care);
4. emergency services;
5. consultation, liaison and referral services;
6. multi-disciplinary education and research.

In addition, a number of their services will need to be provided either as sections or departments of the general hospital or through programs associated with the hospital or through an appropriate community agency:

7. drug and alcohol services;
8. forensic services;
9. child and adolescent services;
10. psychogeriatric services.

Usually the organized mental health services of a general hospital employ the only personnel with specific qualifications and experience to assist in the development of other services in the community. Many general hospitals have already begun to recognize their responsibility for providing services outside the hospital setting, such as:

11. continuing contact with patients following discharge;
12. a working relationship with personnel in the school system, the courts, the correctional services, child welfare services, the community rehabilitation programs, the services provided through public health nurses, voluntary associations such as mental health/ newfoundland and the Newfoundland Association for the Mentally Retarded.

All the above (Items 11 and 12) could be included in the well developed general hospital services under an additional heading:

13. liaison/consultation services to community agencies.

Currently there is a strong interest in the maintenance of good health, the prevention of illness and in community health programs as compared with previous preoccupation with the treatment of illness and assigning of hospital beds. The publication "A New Perspective on the Health of Canadians", Minister of National Health and Welfare, strongly stresses this general philosophy. In this province, for many years, the Mental Health Services Division have been advocating the importance of promoting programs of education, early detection, prevention and treatment at the community level. Some general hospital programs have taken initial steps in this direction. The Mental Health Division continues to urge all general hospitals to broaden the scope of their existing services to include this new perspective.

2. The Waterford (Psychiatric) Hospital

The Waterford Hospital is the only psychiatric hospital in Newfoundland. It provides a comprehensive range of long and short term services for patients from all regions. It is affiliated with the Faculty of Medicine at Memorial University for teaching purposes. It is operated under its own Board with budget provided by the Department of Health.

Within the past few years, departments of psychiatry have been organized in four general hospitals in St. John's and in four regional hospitals. These new services are providing evaluation and treatment to an increasing number of patients through out-patient, day care and in-patient services. This trend has slowly altered the role and function of the Waterford Hospital.

However, the Waterford Hospital still has to provide service for many patients who could be treated at the regional level if services there were sufficiently developed. The major reason for this is that all these general hospital in-patient depart-

ments consist of one ward only, the function of which is focused on short term treatment. At present these units are not well equipped to care for such patients as those requiring long term care or those having difficult behavioural problems. However, the Mental Health Report of 1973 strongly recommends that these services be incorporated on a regional basis. In many other provinces provision is made for long term and chronic care at the regional level.

In planning for community based services -- a concept which is now well accepted -- the role and functions of existing "mental hospitals" will slowly change in terms of its orientation and size. Furthermore it is quite unlikely that additional provincial mental hospitals are either necessary or desirable. Within this context, mental hospitals in Canada are reexamining their programs in terms of their place within the total spectrum of mental health services in their provinces. It will, therefore, be necessary to review large centralized programs of this kind from time to time.

The following is a list of the basic elements for a program of service delivery at the Waterford Hospital for the next few years:

1. Services for the short term treatment of problems which cannot be handled in the presently small units of the regional general hospital services;
2. Services for long term treatment and rehabilitation;
3. Specialized departments for -
   (a) forensic/correctional problems
   (b) adolescents with serious behavioural disorders
   (c) selected problems relating to drugs and alcohol
   (d) selected psychogeriatric disorders
4. Multi-disciplinary education and research;
5. Out-patient, day care and boarding care programs as alternatives to full hospitalization;
6. liaison/consultation services with appropriate governmental and community agencies.

3. Other Community Mental Health Services

Mental health concerns are interwoven not only throughout all aspects of the delivery of comprehensive health services - but also throughout a broad range of social, correctional and educational services. Although it is a common assumption that mental disorder is treated largely within the institution or hospital setting it must be recognized that these services can only be meaningful if the mental health personnel are sufficient in number and if they are actively involved with the programs referred to above.

In the school system for instance it is recognized that the primary responsibility is for education. However, the school is also concerned with the emotional development of the child since educators know full well that the ability to learn is tied closely with the mental health of the child. Furthermore numerous studies have shown that 10% of children within the school system suffer from emotional and behavioural disorder and disorders which impede their ability to learn.

In the evaluation and remediation of this large group of children the teachers, guidance counsellors and educational psychologists require the assistance of professionals from the mental health field.

The point which we have made here in relation to the school system can also be applied to other services such as the courts, programs for the aged, the retarded, etc. In terms of the organization and delivery of mental health services we must, in the future, place more emphasis upon working with people in the schools, the courts, and other agencies in promoting and maintaining good mental health, in identifying illness at the earliest possible stage and in collaborating generally with these agencies.

Community mental health services should therefore be organized to provide liaison/consultation to a wide range of community agencies and services such as:

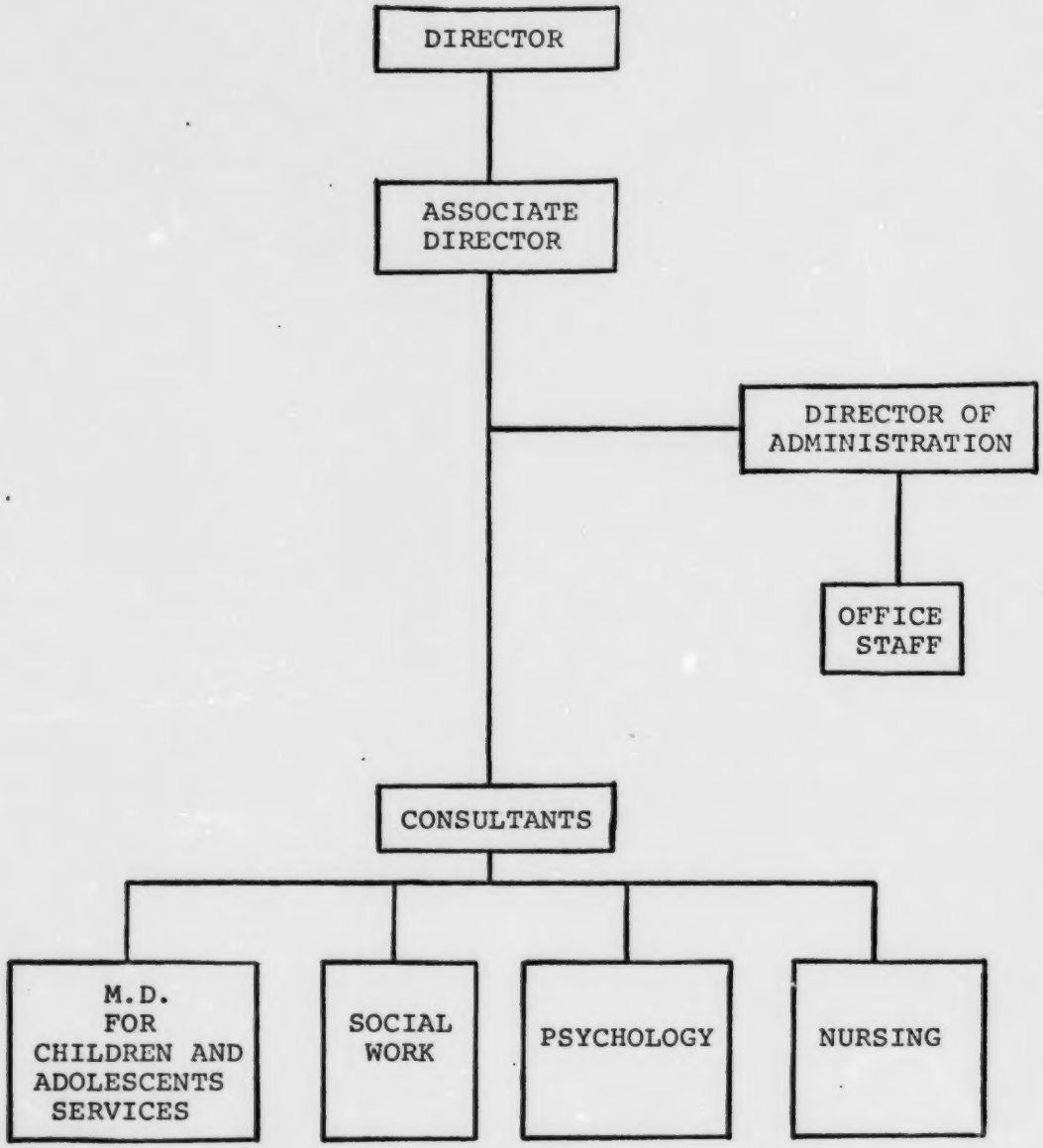
1. The schools and other educational programs.

2. The juvenile, family and adult courts.
3. Adult and juvenile correctional systems.
4. Alcohol and drug related services.
5. Rehabilitation programs both on government and community levels.
6. Public health nursing services.
7. All aspects of child welfare services including child care institutions, group homes, etc.
8. Specific groups of people requiring services such as mentally retarded, aged, disabled, etc.
9. Extended care programs for the aged and chronically ill.
10. Provincial associations and organizations such as the Association for the Mentally Retarded, Canadian National Institute for the Blind, mental health/newfoundland, etc.

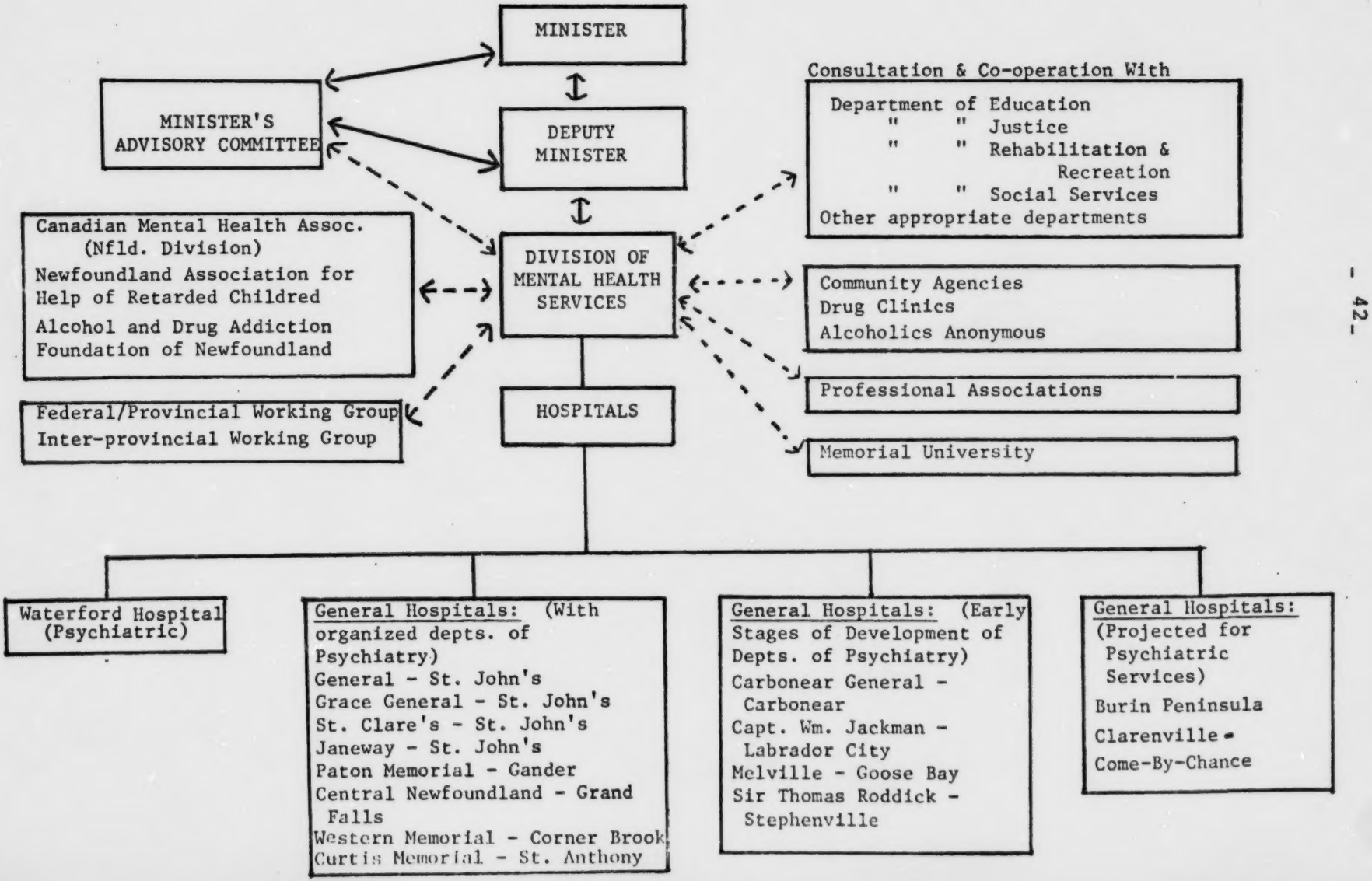
ORGANIZATIONAL CHART

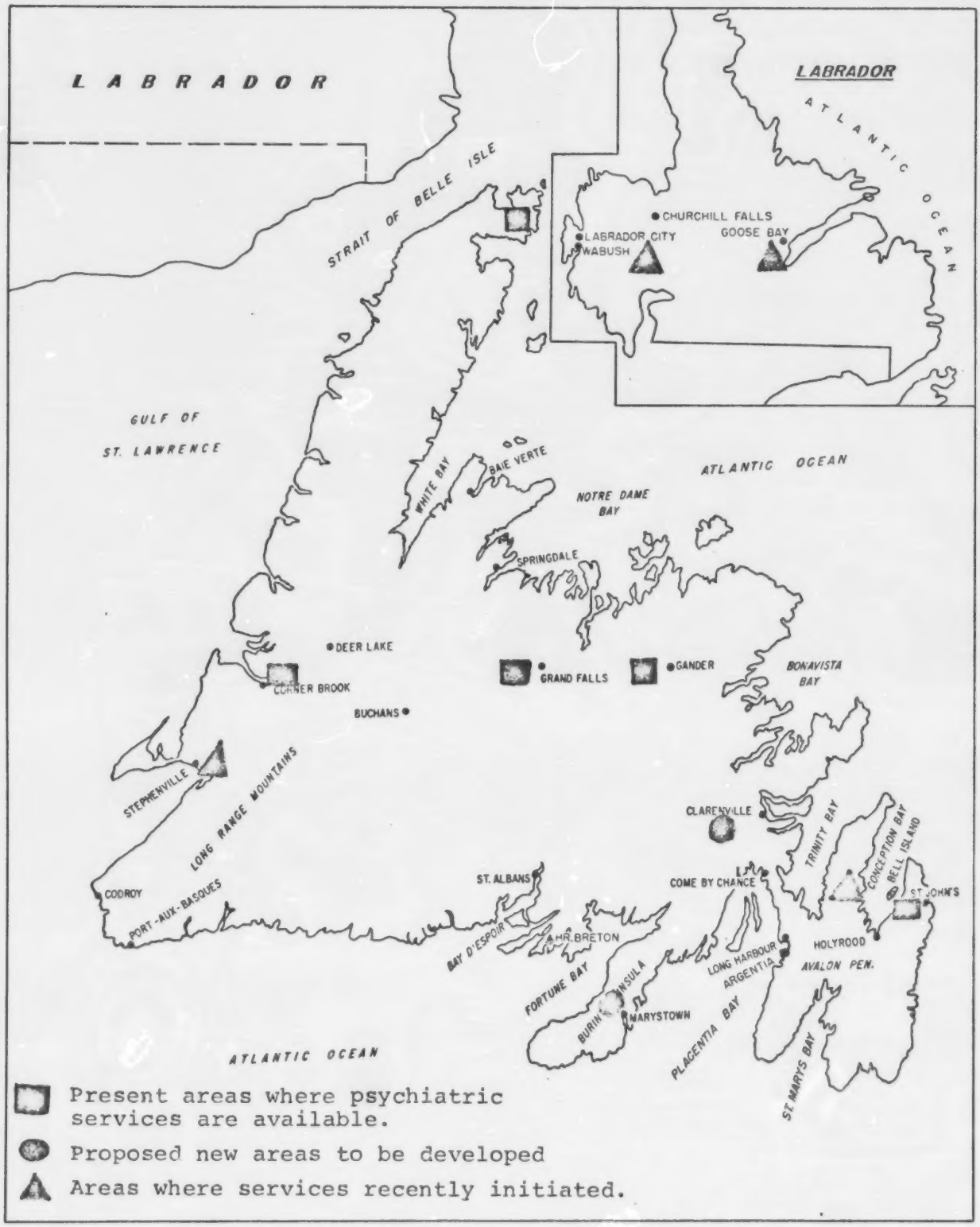
FOR THE

DIVISION OF MENTAL HEALTH SERVICES



ORGANIZATION OF MENTAL HEALTH SERVICES IN NEWFOUNDLAND




LABRADOR
LABRADOR
ATLANTIC OCEAN
STRAIT OF BELLE ISLE
CHURCHILL FALLS
LABRADOR CITY
WABUSH
GOOSE BAY
GULF OF ST. LAWRENCE
ATLANTIC OCEAN
WHITE BAY
BAIE VERTE
NOTRE DAME BAY
SPRINGDALE
DEER LAKE
CORNER BROOK
GRAND FALLS
GANDER
BONAVISTA BAY
BUCHANS
STEPHENVILLE
LONG RANGE MOUNTAINS
CLARENVILLE
TRINITY BAY
CONCEPTION BAY
BELL ISLAND
ST. JOHN'S
ST. ALBANS
COME BY CHANCE
CODROY
PORT-AUX-BASQUES
BAY D'ESPOIR
HR. BRETON
HOLYROOD
AVALON PEN.
FORTUNE BAY
LONG HARBOUR
ARGENTIA
BURIN PENINSULA
MARYSTOWN
PLACENTIA BAY
ST. MARYS BAY
ATLANTIC OCEAN
Present areas where psychiatric services are available.
Proposed new areas to be developed
Areas where services recently initiated.

4. Mental Health Services Division

The Mental Health Services Division of the Department of Health was officially introduced in 1960 with the creation of a new position - Director of Mental Health Services. It should be noted however that for several years prior to this the Medical Superintendent of the Hospital for Mental and Nervous Diseases (now the Waterford Hospital) was engaged in making a preliminary study of the need for "community based psychiatric services".

As far back as 1946 officials of the Department of Health were concerned with the absence of regional mental health services. They encouraged the staff of the Provincial Mental Hospital to develop out-patient and day treatment services, to visit the major general hospitals in the province and to become engaged in regional educational programs. This was proposed in order that local physicians and nurses would be able to treat many forms of mental disorder and to avoid admission to the Mental Hospital in St. John's whenever possible.

The concept of community based mental health services is therefore not new (see Appendices A & B). It soon became apparent that, because of the multi-disciplinary aspects of mental health services, there would be a need for other professional personnel who would become immediately involved in the many aspects of planning and development of mental health services in key areas of the province. Positions of consultants were therefore created for a psychiatric nurse and a social worker to be followed later by a position for a clinical psychologist.

In the mid 1960's increasing emphasis was being focused on the importance of behavioural disorders in children and the mental health aspects of problems arising out of court appearances. Positions were therefore created for two psychiatrists, one to be concerned with the problems of children, the other with legal, forensic and correctional problems. These last two posts have still not been filled due to difficulty in recruitment.

In order to coordinate the administrative aspects of the developing services, and to assist in implementing various aspects of a new mental health

act, a new post was created for a Director of Administration. This post was filled in 1973. Adjustments were also made for appropriate office staff to facilitate the work of the consultants.

Up to date charts of the present organizational structure of the Division and how it fits into the overall Department of Health is shown on pages 41 and 42.

The following is a very brief overview of the roles and functions of the personnel in this Division:

1. Planning and Development

- Advise and assist the Department of Health in the planning of departments of psychiatry in regional hospitals. This would include physical facilities, program design and staffing patterns.
- Advise and assist the regional hospital or other agency because these are always involved in assuming day to day responsibility for the delivery of such services.

- To coordinate and provide appropriate supervision of all organized psychiatric and mental health services on behalf of the Department of Health and on a continuing basis.
- Because the public health nursing aspect of health care is so important at the community level the Division is focusing attention on more liaison and collaboration with this group. It is hoped that these nurses can be provided with continuing opportunities for education in mental health which is such a significant part of their work; also that mental health workers in regions will establish more meaningful working relationships with them.

2. Liaison/Consultation

- Several departments of government provide services which have obvious mental health components (e.g. Education, Social Services, Rehabilitation and Recreation, Justice). Assistance in planning and development is provided to

them. Some of these specific services are: homes for the aged; homes for the mentally retarded; institutions and homes for the juvenile and adult offenders; psychological guidance and counselling services in the school system, etc.

- Liaison with special divisions of the Federal Department of National Health and Welfare. This is usually provided through working groups; examples are the Federal/ Provincial Working Group on Mental Health Aspects of a Comprehensive Health System, and the Working Group of the Non-Medical Use of Drugs Directorate.
- Inter-provincial relationships. The Division maintains a working relationship with similar services in other provinces, some are with actual working groups. For example there are several Atlantic Provinces' working committees for the sharing of educational programs and services (e.g. Atlantic Provinces Working Group on Handicapped Children).

- A number of community agencies such as Mental Health/Newfoundland depend upon the consultants in this Division for professional advice in setting up and carrying out their educational programs. The Division also utilizes the services of such agencies in the provision of many services which can be more effectively delivered by a voluntary group.
- The personnel of the Mental Health Services Division maintains meaningful contact and liaison with a large number of appropriate groups and agencies. The following is an up to date list:

  1. Advisory Committee on Nursing Education, Waterford Hospital.
  2. Working Group on Standards for Psychiatric Nursing Education and Practice, A.R.N.N.
  3. Steering Committee on Nursing Education, School of Nursing, Memorial University.
  4. Alcohol and Drug Directorate.
  5. Interdepartmental Committee on Services to the Mentally Handicapped.
  6. Federal/Provincial Working Group on Alcohol Problems.

7. Federal/Provincial Working Group on Research Priorities in the area of Alcohol Abuse.

8. National Planning Committee for Training of Staff Employed by Alcohol Abuse Programs.

9. Regional Advisory Committee to the Non-Medical Use of Drugs Directorate (Atlantic Province).

10. Community Care Project, West Coast.

11. Community Services Council.

12. U.C. Board of Regents re Development of Social Services.

13. Counselling Services, Corner Brook.

14. School of Social Work, Memorial University.

15. Interdepartmental Committee on Mental Retardation - Manpower and Services.

16. Interdepartmental Committee on "Special Care" Programs for Young People and Adults with Severe Acute Social-Behavioural Problems.

17. Ministerial Advisory Committee on Mental Health Services, Department of Health.

18. Alcohol and Drug Consultant to the Non-Medical Use of Drugs Directorate and the Department of Rehabilitation and Recreation.

19. Correctional and Special Care Programs, Departments of Social Services and Rehabilitation and Recreation.

20. Consultant Staff of General, Grace, Janeway and Waterford Hospitals.

21. Residency Program and Promotions Committee for Residents in Psychiatry, Memorial University.

22. Associate Professor (Clinical) Psychiatry, Faculty of Medicine, Memorial University (minor part-time).

23. Board of Directors, Agnes Pratt Home.

24. Board of Directors, Coughlan College.

25. Federal/Provincial Working Group on Mental Health Aspects of a Comprehensive Health System; Sub-Committee on Manpower.

26. Board of Management, Canadian Psychiatric Association.

27. Fellow of the American College of Psychiatrists - only provincial representative at present.

3. Organization of Regional/Local Services

- The functions of the organized departments of psychiatry in the regional general hospitals are subject to change depending on local circumstances, the availability of other services in the community, etc. Through visitation and correspondence there is a regular review process. In recent years attention is focusing on the ability of the general hospital to provide more services to people and agencies in the

community and to de-emphasize as much as possible the need for beds and in-patient facilities.

- Regional mental health services are comparatively new. Guidelines for the staffing, roles of personnel and functions of these services are under constant review. A current project is the compilation of a divisional brochure which will be distributed for the information and guidance of the hospitals and other agencies responsible for service delivery.

4. Manpower

The Division is concerned with a number of aspects of manpower in mental health services.

- Present and future needs.
- The number of personnel from various disciplines to staff all provincial services. An inventory of such needs is made regularly. A list of professional personnel available through local programs at Memorial University is kept, as well as a list of applicants from outside the

province. These are made available to the regional hospital services.

- The deployment of professional staff is of special importance. For example in psychiatry there is still a shortage of specialists, particularly outside St. John's. A bursary form of assistance is offered with specific contractual obligations which permit the Department of Health, through the Mental Health Division, to assign "bursary personnel" to areas of priority in the regions.

5. Education and Training

- Staff of the Division have formal arrangements for involvement in all professional educational programs at Memorial University. This includes both curriculum development, teaching and program review. Similar arrangements exist with in-service training at the various hospitals. These relationships therefore include undergraduate, graduate, continuing and in-service education.

6. Organization of Local Services

- The regional services are at varying stages of development. A close working relationship is maintained in order to provide guidelines for the functions which the various units can perform and the setting of goals for service delivery as the program evolves.
- Staff selection is quite important because of particular educational requirements and shortage of personnel. The Division runs general advertisements periodically and assists the hospital services in screening and selection.

7. The Mental Health Act

- A new Mental Health Act was proclaimed in January 1975. The Minister of Health is responsible for the administration of this Act. The day to day functions involved are carried out by the Mental Health Services Division.

8. Consultation (Clinical)

- The consultants accept, on referral, selected patients for evaluation and treatment. Although the volume of this service has to be kept at a minimum it provides the professional personnel in the Division with a realistic and practical contact with patients and enables them to keep up to date and sensitive to clinical matters.

9. Data/Information Systems

- This subject is covered under the headings "Program Data Output" and "Evaluation Measures in Use" in this report. It is becoming increasingly apparent that the present methods of collecting data and the usefulness of such data in treatment, research and program planning must be given more serious attention. These matters are under close study by Divisional personnel and by federal/provincial working groups. Specific proposals will be made shortly on this subject to the Department of Health.

10. Areas of Special Concern

Until very recent years the focus of mental health programs has been directed to the treatment of serious forms of mental disorder. The provision of such services - increasingly at community levels, must continue to be an important part of a comprehensive mental health service. Furthermore such treatment programs must be capable of utilizing all the modern advances in treatment so that chronic disabilities can be prevented whenever possible.

However, we must also put new emphasis on early detection, early treatment and utilization of all available knowledge in maintaining and even raising the level of mental health in the community.

Activities which raise the level of community mental health can be divided roughly into two individual types. First there are the services to people who are "sick" or "in trouble". Second there are activities and services which help to make our emotional, social, intellectual and spiritual lives richer. The agencies which do these things are connected in very important

ways to the mental health of the community and the mechanisms by which people raise the levels of their mental health.

Most people today recognize the important relationship between the ability of children to learn and their mental and social adjustment. Similarly we recognize the important relationship between aging and mental health and its implications for social planning and the provision of services which do not deprive the aging population of meaningful roles in society.

The consultants in this Division must attempt to provide more leadership in these areas and work more closely with the people who are primarily responsible for these areas so that programs of education, prevention, and early treatment can be incorporated in these other "delivery systems". The following is a list of some of these very special concerns.

(a) Children

There is an obvious need for more formal working arrangements between mental health

personnel in the health systems and personnel in the school systems. In order to make a start in this direction an inter-departmental committee submitted a "Report on Services to Children" to government in October 1974. (This report will accompany this Program Review).

Some immediate needs are:

- An increase in the number of mental health professionals at the regional level to work specifically with the schools and other community organizations.
- The development of clinical services for the treatment of some of the more difficult behavioural problems at the regional level and through organized out-patient, day-treatment and in-patient services.
- The appointment of a psychiatrist on a part-time basis to the homes for the mentally retarded in St. John's and to other services caring for handicapped children.
- Extension of present Department of Psychiatry at the Janeway. This should

include an in-patient unit for an older age group of children, a unit for seriously disordered children, and more facilities and staff for more out-patient, day-care and follow up.

- Residential centers in at least four (4) regions, as mentioned in the accompanying report.
- Education re alcohol and the non-medical use of drugs should be incorporated into appropriate parts of the school curriculum at various grade levels. Consultants in this Division - with others - should assist in making this possible.

(b) The Aged

Mental health services for this group are ad-hoc and fragmented. There are two major service areas in which the Department of Health, through this Division, should be involved:

- services to psychogeriatric patients.

- consultation and services to all programs which are being developed throughout the regions in relation to all aspects of the aged such as the development of day hospitals and other alternatives to institutional care.

(c) Alcohol and Drug Problems

A report, "Alcoholism and Other Drug Dependencies: Provincial Program Recommendations", was made to the government through the Department of Rehabilitation and Recreation on December 31, 1975. This report was prepared by the Alcohol and Drug Directorate under the auspices of the Eastern Alcohol and Drug Advisory Council. (This Directorate is an interdepartmental advisory committee chaired by the Mental Health Services Division). It is understood that this report is still under consideration. A copy of this report is being forwarded for information since it contains a number of detailed recommendations.

The personnel of this Division are deeply involved in a number of aspects of alcohol and drug abuse:

- It represents the province on a federal/ provincial working group of the Non-Medical Use of Drugs Directorate (Department of National Health and Welfare). This working group has conducted a number of studies and have been making recommendations to provincial and federal governments from time to time.
- The Division also acts in a consulting capacity, on professional matters, for the Department of Rehabilitation and Recreation.

The report referred to above documents, in part, the problems associated with alcoholism and their specific relationships to personal health, traffic accidents, anti-social and criminal behaviour, industrial accidents and absenteeism, and a general poor understanding of the dangers of alcohol and drug abuse by the general public. There is an obvious need for restudy of the 1975 report with a view to

implementing recommendations in an orderly fashion.

Currently two (2) specific requests have been made; one from the Alcohol and Drug Addiction Foundation for additional funds to promote their programs; and a second from an organized group in St. John's for funds to develop and operate a detoxification center. These are two excellent projects which are regarded as priorities.

(d) Forensic/Correctional Services

The consultants in this Division participate in a number of provincial and federal/provincial working groups concerned with the above. There is a vacant position in the Division for a full time person to give professional leadership in this broad field. However, due to a world scarcity of professionals and inadequate funding arrangements the position remains vacant.

It is not possible in a report of this kind to do anything more than mention the gross inadequacy of services presently provided and to make very general recommendations. Some of the very obvious and urgent needs are:

- Recruitment of a specialist in psychiatry with further training and experience in this field. The Department of Psychiatry in the Faculty of Medicine is probably the most logical "primary employer" at this time. Such a post could be shared, for work and remuneration, with the Faculty of Medicine (psychiatry), a clinical facility such as the Waterford Hospital, and this Division.
- Mental health evaluations for the courts and the correctional services are now very poorly organized. In fact the services are more noticeable for its gaps than its performance. This is due largely to a lack of suitable positions in health, the courts and the social service systems, and as a consequence a lack of appropriate treatment personnel.

- A forensic department in the new wing of the Waterford Hospital, when opened and properly staffed, will offer a partial solution to this problem for "selected" patients.
- There will also be a need for professional personnel from psychiatry and other disciplines to provide day to day consultation and treatment services to the courts and the existing correctional services and to become involved in these rehabilitation programs. Such services are also required in other regions of the province beside St. John's.
- New approaches to treatment, retraining and rehabilitation should be developed at regional levels under existing or new legislation (e.g. small group homes).
- Organized emergency services for the examination of persons detained in lockups are required. It is suggested that formal arrangements be made with the departments of psychiatry in the appropriate hospitals in St. John's and in the regions with

organized services and that specific individuals in these hospitals be appointed. In St. John's, for instance, it would seem logical that such a service could be provided through the Waterford Hospital and the new St. John's General Hospital.

(e) Community Mental Health Services

In a previous section of this report (pages 39 & 40) we have described briefly a number of community based services, some outside the health system, which have substantial mental health components.

In a previous section we have also described how the general hospitals have been utilized as a focal point in the development of community mental health services.

Having made this decision, it is important that these general hospitals should develop working relationships with the so called "community mental health services". By so doing an integrated program would emerge without

unnecessary duplication and fragmentation both for the providers of mental health services and for the patient or client.

This type of "outreach" service from the hospital is frequently difficult to promote. One major reason is that hospitals have not traditionally regarded this as their responsibility. This situation, fortunately, is slowly improving as hospitals recognize their responsibility as a major health center, and move away from a rigid focus on beds.

The personnel of the Mental Health Division find themselves more and more involved and in demand to assist in organizing such services at regional and community levels, and at the same time to provide a working liaison with those departments of government who are responsible for the operation of such services throughout the province.

In light of the above the following items

are singled out as being of immediate importance:

- The rigidities of the fee for service system in psychiatry does not allow for the involvement of the medical specialists in these important community services. It is therefore strongly recommended that the Department of Health facilitate the employment of a substantial number of specialists in psychiatry through full-time salary, sessional and contractual arrangements.
- The community elements of mental health services are now so important that the Mental Health Services Division will, in the immediate future, recommend a modification of its organizational structure. This will identify one professional person, who will have primary responsibility for community development and services. This can be achieved without any increase in budget.

(f) Professional Manpower

The province still lags behind other parts of Canada in the employment of personnel in the mental health field. This is particularly true for services outside St. John's.

The comparatively recent development of professional programs at Memorial University (Faculty of Medicine - Department of Psychiatry; School of Social Work, School of Nursing - the diploma program in mental health and psychiatric nursing; Department of Psychology) will provide, in time, the manpower which is required to provide the very basic kinds of programs in all regions. Meanwhile the relatively slow development of mental health services will necessitate a continuation of a positive focus on the importance of manpower to regional mental health services' development. The following are among the important items to bear in mind:

- Bursary support for special training in psychiatry and mental health for all the

mental health disciplines.

- The creation of new positions in the regional services, as personnel become available, in order to provide, in due course, the basic or minimum components of a comprehensive service.
- Support for the maintenance of in-service courses in hospitals.
- Support for post basic education, at the university level, since it is generally accepted that such professional education can no longer be provided by a single agency or institution (e.g. specialist education for psychiatrists, mental health and psychiatric programs for nurses, clinical psychology, post basic programs in social work).

(g) Location of Specialists in Psychiatry

There are a total of 29 specialists in psychiatry in the province; ten are in private practice, one of whom is outside

St. John's; six hold joint appointments with the University Faculty of Medicine and city hospitals; seven are on the full time staff of the Waterford Hospital; six are on full-time salary outside St. John's

Private Practice	Joint Appointment University/Hospital	Salary
10	6	13

It should be noted that out of the total manpower pool in psychiatry, 29, for the entire province, 22 of these work in the Eastern Region which contains approximately one-half the population, only 7 work in the other three regions with a similar population.

Except for P.E.I., Newfoundland has the lowest ratio of psychiatrists to any Canadian province. However, the Department of Psychiatry at Memorial University has the potential for bridging this gap in the near future provided that arrangements can be made to employ them in a satisfactory manner outside the Eastern Region. This was not the situation a few years ago when practically

all specialty manpower had to be imported.

(h) Public Health Nurses

Personnel working in the mental health field have long recognized the contribution which the public health nurse can make in the identification, treatment and follow-up of patients with nervous and mental disorders. Unfortunately until recent years these nurses have had little opportunity to receive the necessary education and training to respond in a satisfactory way.

The Public Health Nursing Division of the Department of Health have always been concerned about the inadequate preparation of nurses in this field. However it is only recently that the University and the Mental Health Division have been able to take steps to assist the Public Health Nursing Division to organize refresher courses - much more is needed.

It is hoped that public health nurses will take advantage of the new Diploma Program in Mental Health and Psychiatric Nursing at Memorial University since it is very unlikely that psychiatric nursing consultants will be available to work with local public health nurses in all areas of the province in the very near future.

(i) Funding and Service Development

The Division is concerned with the present rigid system of acquiring positions for a "developing" program.

A few years ago the Division was given a small budget to employ professional staff as they became available. The guidelines were simple and practical . The areas of priority/need were designated and the Division was responsible for assisting the employer (usually a general hospital) in selecting such staff and in giving approval on behalf of the Department of Health. This project should be re-instituted.

PROGRAM DELIVERY

PROGRAM DELIVERY

A. Administrative Structure:

Services in the mental health field are delivered through programs in the general hospitals as well as at the Waterford Hospital. Thus these services are administered in these general hospitals in the same way as the other medical services according to the specific organizational structures. The Waterford Hospital is the only comprehensive, psychiatric facility in the Province. However, all hospitals are operated in the same way through their own Boards.

This review emphasizes the importance of a number of community mental health services which traditionally have not come within the area of responsibility of the general hospitals. The success of these regional mental health services is, therefore, very dependent upon the ability of the general hospital system to assume responsibility for providing leadership, liaison and consultation to those community mental health needs already described in this report.

The administrative structure of the Mental Health Division, Department of Health, and existing mechanisms for providing service have been comprehensively dealt with in the previous section.

B. Mechanisms for providing program services on a provincial level

For clarification purposes, each individual service will be identified with a brief description of the service it provides, staffing patterns as well as comments on important service gaps with recommendations for future development.

Mental Health Programs

The map on page 43 graphically illustrates the delivery system for mental health services in the Province.

Briefly, Newfoundland has a current population of approximately 547,880. There are four health regions. These, together with population figures and general hospitals with bed capacities for psychiatry, are indicated in the following tables:

Region	Pop.	Hospitals	Bed Capacity
Eastern	279,389	Waterford	425
		St. Clare's	25
		General	10
		Grace	21
		Janeway	13
		General Hospital, Carbonear	0
Central	121,797	James Paton	10
		Central Nfld.	10
Western	96,291	Western Memorial	25
		Sir Thomas Roddick, Stephenville	0
Northern	50,403	Curtis Memorial, St. Anthony	10
		Melville Hospital, Goose Bay	0
		Capt. Wm. Jackman, Labrador City	0
		GRAND TOTAL	548

As mentioned on pages 22 and 23 of this review, future planning for mental health needs

should include long term beds on a regional basis. The table on page 75 reflects short term care only, with the exception of the Waterford Hospital. As mentioned before, guideline figures for 1981 relating to minimal bed requirements are:

a) .4 beds/1000 for short term care;

b) .6 beds/1000 for long term care and referrals to the Waterford Hospital.

(This estimate for beds, however, presupposes that there is an adequate network of community mental health services, and that there are facilities such as nursing homes and convalescent beds for the aged and disabled, and that there are special institutional and educational resources in various regions and areas for the severely and moderately retarded, etc.)

The revised population figures with projected bed utilization per each region using the above formula is as follows:

Region	Projected Pop.	Bed Requirement Short Term	Long Term	Total
Eastern	313,800	126	188	314
Central	124,300	50	75	125
Western	100,600	40	60	100
Northern	53,300	21	32	53
Totals	593,000	237	355	592

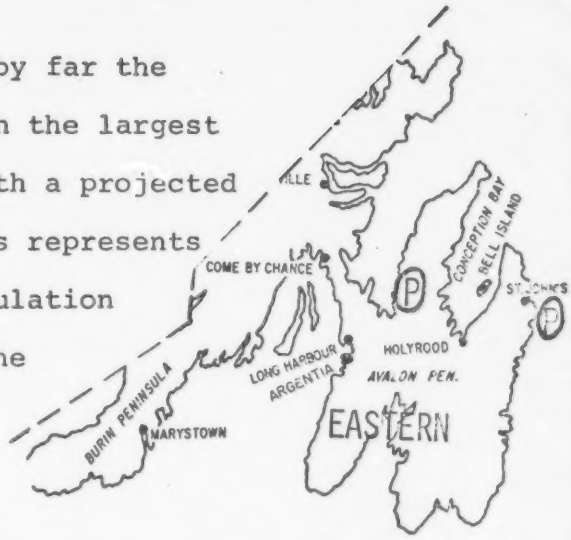
Short Term Care

These are projected active treatment beds, most of which will be located in general hospitals but with a small percentage at the Waterford Hospital for special cases.

Long Term Care

These beds are proposed to be utilized for long term, convalescent and rehabilitative care, most of which in 1977 are being cared for by the Waterford Hospital either through their in-patient or through boarding care programs. Facilities for these groups should also be planned on a regional basis through institutional and community boarding care programs. This will allow these people to stay in their own region and at the same time avoid a build-up of such patients in one central area.

Eastern Region



Geographically, this is by far the smallest, most compact region with the largest population (279,389 at present with a projected figure of 313,800 for 1981). This represents more than half of the present population (547,880) which is scattered in the other three regions.

St. John's is the focal point for the provision of mental health services in this region. There are three general hospitals (Grace, General and St. Clare's), one children's hospital (Janeway) and the provincial psychiatric facility (The Waterford) in this city. In addition to providing services to people in St. John's and surrounding areas, these general hospitals also admit a small percentage of people from all parts of the Province. Carbonear also provides a minimal mental health service in this region through the new Carbonear General Hospital.

St. John's General Hospital

At the time the Mental Health Report was written in 1973, the mental health program was in the process of change as new areas were being developed. There were:

a) Proposed opening of new Day Care Centre;
b) Expansion into a teaching facility within the Health Science Complex.

The new Day Care Centre has become a reality with space for 20 patients. However, the move to the new Health Science Complex has not occurred as yet but will in the near future when the Complex is completed.

The mental health program at the present consists of the following:

a) In-patients - 10 beds;
b) Day Care - 20 patients;
c) Out-patient - 7 out-patient clinics per week.

Staffing Pattern

3 Psychiatrists

1 Psychologist

3 Social Workers

11 Registered Nurses

0 Nursing Assistants

Future Developments

The new Hospital Complex makes provision for space for 30 in-patients and 30 Day Treatment patients with expanded out-patient services. This projected mental health program will be the major general hospital treatment and teaching unit in the Province. An effective staffing pattern must be developed if these services are to be properly utilized. This would include:

- Psychiatrists -- 6
- Psychologists -- equivalent of three (full-time);
- Social Workers -- unit of 6, including a full-time supervisor;

- Nurses -- equivalent number for the program based on current standards;
- Occupational Therapist -- 1
- Occupational Therapy Assts. -- appropriate number;
- Supporting office staff.

Grace General Hospital

The service provided by the psychiatric unit in this hospital basically remains unchanged since the Mental Health Report, 1973.

These are:

a) In-patient unit - 21 beds;
b) Day Care - limited because of space;
c) Out-patient - limited because of space;
d) Occupational Therapy - limited.

Staffing Pattern

5 Psychiatrists

12 Nurses (R.N.)
8 Nursing Assistants
2 Social Workers
1 Occupational Therapist
2 Occupational Therapy Assistant
1 Ward Clerk
1 Secretary
(Vacancy - Psychologist)

The recommendation which has been implemented since the Report (1973) has been the addition of:

1 Registered Nurse
2 Occupational Therapy Assistants
1 Secretary

The following developments were recommended and are still considered a priority.

a) Provision of space for out-patient and day care services. They are presently occupying the limited space provided for in-patients;

b) Provision of space for therapeutic activities;

c) Additional staff to meet the needs of this increased service.

It is recognized that present space cannot be expanded. However, the possibility could be explored of developing further facilities in another part of the complex, e.g. the nurses' residence. (A precedent has already been successfully made in the Central Newfoundland Hospital by using the first floor of the Nurses' Residence for the mental health program.)

St. Clare's Mercy Hospital

The mental health program in this hospital has continued to progress since the Report (1973) was written. The services provided are:

a) In-patient unit -- 24;

b) Day Care -- Limited by space;

c) Out-patient activities;

d) Special services for patients with alcohol problems.

Staffing Pattern

4 Psychiatrists
2 Psychologists
10 Nurses (R.N.)
7 Nursing Assistants
1 Social Worker
1 Occupational Therapist
4 Occupational Therapy Assistants

Further Developments

Further developments required:

a) Occupational Therapy - The present space is not adequate for the numbers of day care patients and in-patients presently utilizing it. Further space is required if this therapeutic activity is to be effective;
b) Day Treatment - Numbers of patients attending on a daily basis have

increased and can no longer be effectively treated in the present space provided for in-patients; additional space is required;

c) The numbers of patients attending for day and out-patient treatment have increased to the extent that a senior position needs to be created for a nurse for this specific area of treatment.

Dr. Charles A. Janeway Child Health Centre

The mental health program in this Centre consists of a special unit for the diagnosis and treatment of children. The program consists of the following:

a) In-patient services -- 13 bed unit;

b) Out-patient services -- limited because of space;

c) Day Care -- limited because of space.

Staffing Pattern

1 Psychiatrist

2 Psychologists

1 Psychology Assistant

9 Nurses (R.N.)

5 Nursing Assistants

1 Nursing Instructor

1 Recreation Therapy Aide

2 Social Workers

1 Clerk

Future Requirements

It must be recognized that this unit, although administered along the same lines as the general hospital system, is different in that it is the only hospital in the Province providing a hospital based service for children. As can be seen from the above list of services provided, they are grossly inadequate and more services must be provided if we are to meet the mental health needs of children in the eastern region and serve as a referral hospital for the Province. As can be noted, in reports on the other regions recommendations have

been made to provide services for children in at least one of the general hospitals in each region. Further developments in this Centre require:

a) An additional in-patient unit for the older age group of children;
b) An additional unit for very difficult, disturbed children and for longer term care;
c) Additional facilities to expand day treatment, out-patient services and therapeutic activities;
d) Appropriate staff to meet the needs of the expanded program.

The Waterford Hospital

The Waterford Hospital is a well-organized, comprehensive psychiatric hospital. It was accredited in 1976 for a three year period. The overall mental health program has the following service components:

a) In-patient services -- 425 beds;

b) Out-patient Department;

c) Day Care Services;

d) Community Boarding Care Program -- approximately 300 patients.

In view of the pact that this is the only psychiatric facility in the Province and that it serves as a referral hospital for the general hospitals in the Province, more details will be given regarding the services it provides.

In-patients: Provides services for

- short term, active treatment for serious forms of mental disorders which cannot be looked after in existing general hospital units;
- long term care and treatment for chronic forms of mental disorder which require hospitalization;
- forensic service for assessment and evaluation of court referrals - treatment and care for prisoners transferred from H.M. Penitentiary following certification under the Mental Health Act - treatment and care for patients, charged with a

criminal offense by the courts, who are found to be mentally ill;

- treatment for selected adolescent problems;
- care and treatment for approximately 200 patients (included in the 425 figure for In-patients) whose care is cost-shared through Federal/Provincial cost-sharing arrangements (C.A.P.) through the Department of Rehabilitation and Recreation;
- psychogeriatric patients with syndromes which have a predominant psychiatric component requiring "special care and treatment".

The new wing of the hospital, which has been completed, will add a new dimension to the mental health program, such as the provision of:

- a more comprehensive program in forensic psychiatry;
- a program for adolescents and young adults with serious behavior disorders who cannot be

cared for in existing general hospital units;

- additional facilities for active treatment.

The opening of the new wing will provide approximately 200 beds which will compensate for the 200 beds transferred to the Department of Rehabilitation and Recreation for long term care (for cost-sharing purposes) but still remaining the responsibility of the hospital for day-to-day care.

Throughout this report, emphasis has been placed on the development of regional services in general hospitals, both for short term and for long term care. Considerable progress has already taken place to this effect as can be seen on the statistical form in Appendix "C". Future emphasis should be on the development of these regional services with no further expansion of the provincial hospital beyond the opening of the new wing.

Other major considerations should be given in as far as the Waterford Hospital is concerned, such as:

- Staffing arrangements for the Waterford Hospital deserves a

detailed study which will include the needs of the present patient population as well as the needs of the special services which will emerge with the opening of the new wing;

- A study of present patient population for staffing purposes should include those who are now reclassified and financed under C.A.P. through the Department of Rehabilitation and Recreation. It may be desirable and feasible to plan a program oriented more in the direction of their personal/social/psychological needs rather than along the traditional clinically-oriented model;
- Recommendations regarding long term care (boarding homes) have been stressed for each region. The Waterford Hospital should gear the development of their present program to future progress in the other

regions in order to ensure that patients, where feasible, are returned to their own home area for future care;

- Standards should be developed to regulate the size of each boarding home, number and qualifications of staff, provision of continuing care and therapeutic activities within the home, and the employment of sufficient professional staff to ensure that continuing care and treatment is provided.

General Hospital, Carbonear

This is the only hospital in the Eastern Region outside of St. John's which has a component of a mental health program. It first started in 1962 in the old Red Cross Community Hospital when psychiatrist(s) from St. John's would visit on a monthly basis and hold an out-patient clinic.

At the time when the Mental Health Report was completed in 1973 the new hospital was being constructed at Carbonear. The services at the time still consisted of a visiting psychiatrist from St. John's. It was recommended in the Report that a full team of professionals would be provided in order to develop a comprehensive mental health program. This service would initially include - in the new hospital:

a) Space for day care, out-patients, and therapeutic activities.

b) Minimum of 5 in-patient beds on one of the established services.

c) Appropriate staff to provide this service.

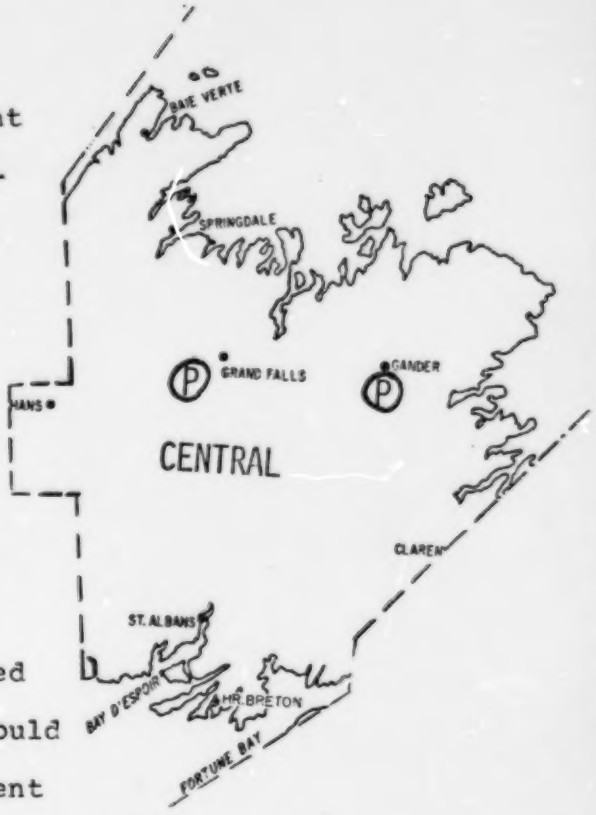
Subsequently a social worker and a psychiatric nurse were employed. Difficulties were encountered in obtaining the services of a full time psychiatrist(s) and clinical psychologist. A further problem was encountered when designated space available in the newly opened hospital for the development of psychiatric services was not completed - 8th floor.

The Hospital has since obtained the post for a psychiatrist. We understand that action has already been taken to fill this position and that a full time psychiatrist should be available in 1977.

In view of this the following requirements should be given priority:

- completion of designated space for psychiatry so that it can be used for an active treatment in-patient unit, day-treatment, out-patient services and therapeutic activities. Architectural plans for these services have already been completed and approved in principle.
- addition of appropriate staff to meet the needs of these services, i.e. out-patient, day treatment, in-patient unit and therapeutic activities.

Central Region



This region has a present population of 121,797 with a projected population of 124,300 for 1981. It is a wide geographic area and, like other regions in Newfoundland, there is difficulty encountered in making services readily available to the people.

According to the proposed formula for beds, this region should have at present 48 active treatment beds (.4/1000) with a projected 50 for 1981. For patients requiring long term care, planning should be to care for a minimum of 70 either on an institutional basis or in community boarding homes. This is in keeping with the philosophy that as many patients as possible should be cared for in their own region with only specialized cases or problems referred to the Waterford Hospital.

There are two general hospitals in this region, each with a psychiatric service -- the

James Paton Memorial Hospital at Gander and the Central Newfoundland Hospital at Grand Falls. In 1973, when the last Mental Health Report was written, these hospitals had a total bed capacity of 28. In 1977 this number has diminished and they now have a total bed capacity of 20.

James Paton Memorial Hospital, Gander

The mental health service delivery system has encountered various problems in its development since it was first initiated in 1966 - such as lack of space, limited personnel and, more recently, budgetary restrictions. Since the Mental Health Report was written in 1973, the in-patient bed capacity for example has decreased from 16 to 10. However, with the assistance of the team from the Mental Health Division in 1976, the program has stabilized and positive strides have been made in the development of the program. For example:

- Staffing patterns for nurses have been changed to meet the needs of the present program;

- Day care treatment services have been developed;
- More therapeutic activities have been made possible with the increase in staff;
- Increased liaison with public health nurses in the follow-up of patients.

Staffing Pattern

2 Psychiatrists
2 Psychologists
1 Social Worker
7 Nurses (R.N.)
6 Nursing Assistants
1 Occupational Therapist (post vacant)
1 Occupational Therapy Aide

Needs for Further Development

- Extension of bed capacity to minimum of 20 beds. (This was recommended in 1973 Report which subsequently saw a decrease rather than an increase in beds.)
- Provision of specific service in the hospital which will serve as a referral service for the total region (e.g. psycho-

geriatric patient with consultation provided in respect to mental health and the older citizens).

- Development of travelling teams to specific areas in the region in order to make the service more available to the people.
- Increase in staff in proportion to the development of services mentioned above.
- Improve the liaison and working relationship within the school system.
- Provision of services for long term patients both on an institutional level and within community boarding programs.
- Appropriate office staff.

Central Newfoundland Hospital, Grand Falls

This hospital has a well-defined, comprehensive mental health program with the following services:

- In-patient unit for 10 patients;

- Extensive day care and out-patient services;
- Therapeutic involvement with both in-patient and day care patients by the inter-disciplinary team;
- Visiting services to outlying areas as follows --
  a) Community Health Clinic at St. Albans - once a month;
  b) Springdale Hospital - once every two weeks but now increasing to once a week;
  c) Botwood Hospital - once every two weeks.

Staffing Pattern

2 Psychiatrists
2 Psychologists
1 Social Worker
6 Nurses (R.N.)
5 Nursing Assistants
1 Psychiatric Nursing Assistant
1 Occupational Therapist

Needs for Further Development

- Additional nursing staff to meet the present needs of the day care program;
- Extension of in-bed capacity to 20 to better serve the needs of the community;
- Provision of services for the long term patient both on an institutional level and within community boarding care programs;
- Addition of staff to meet the needs of the extended service;
- Addition of other disciplines to the visiting service provided in the three outlying areas;
- Provision of a specific service (e.g. adolescents/children) to serve the total region with consultation provided in respect to the needs of these age groups;
- More flexibility in the methods of remuneration of psychiatrists;
- Appropriate office staff.

Western Region

This is a large region with a population of 96,291 scattered in many communities on the coastline. There are three non-government hospitals in the area, as follows:

- Western Memorial, Corner Brook -- comprehensive mental health program;
- Sir Thomas Roddick Hospital, Stephenville -- minimal program;
- Channel Hospital, Channel -- no program.

According to the formula mentioned on page 23, there should be a minimum of 38 beds for active treatment in this region. It is unrealistic to assume that this should be centralized in one hospital.

Western Memorial Hospital, Corner Brook

This hospital provides the following mental health services:

a) In-patient unit for 25 patients;

b) Day care, out-patient and community services - limited by space and staff;

c) Therapeutic activities - limited by space and staff.

Staffing Pattern

2 Psychiatrists
1 Psychologist
1 Social Worker
13 Nurses
2 Occupational Therapists

Future Requirements

- Additional nursing personnel to meet the basic needs of a comprehensive program;
- Additional space to provide an effective recreational and occupational service;
- Services for long term care patients, both within institutional and community settings;

- Services for psychogeriatric patients;
- More effective working relationships with community agencies;
- To act as a central referral hospital for the region in relation to specific services (e.g. children);
- Appropriate office staff.

The space needed for most of the above (outpatient, day treatment, therapeutic activities, offices) can be obtained by use of the adjacent floor in the old hospital. Such space is urgently needed and should be given priority.

Sir Thomas Roddick Hospital, Stephenville

This hospital was identified as a new area for the development of services in the 1973 Mental Health Report. Originally it was recommended that the first phase should be the employment of a social worker and a nurse. The social worker was employed but to date she is the only

one providing a token mental health service. Also, as a result of the recent budget restrictions, the post for the medical social worker was not filled. This means the social worker in mental health is providing overall services within the hospital.

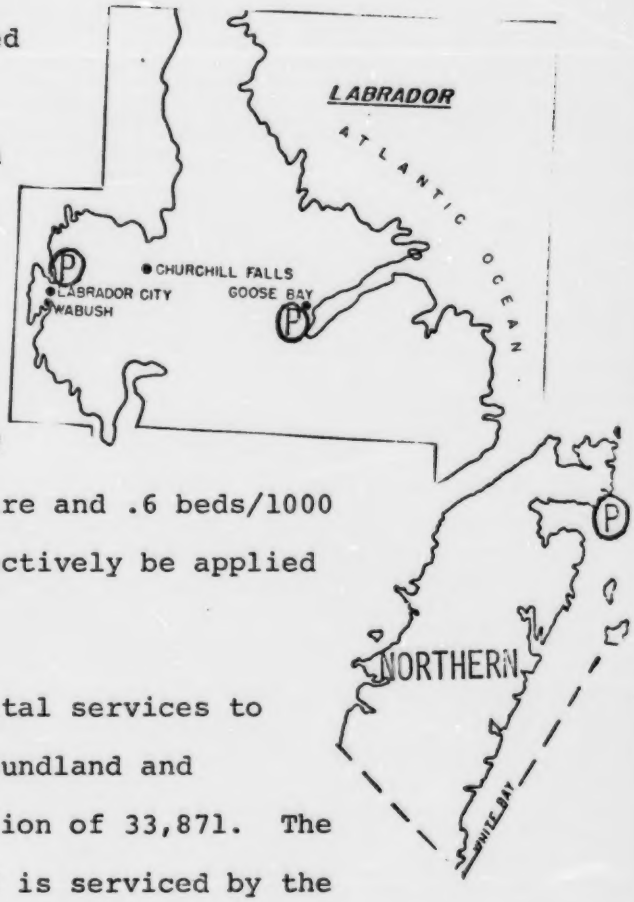
If mental health services are to be effective in the western region, then additional services should be provided in other facilities besides the Western Memorial. The Report of 1973 recommended the development of a comprehensive service in this hospital as part of the second phase. This would include:

a) In-patient unit for 10 - 15 beds;
b) Day care, out-patient and community services;
c) Full team of professional staff and support services;
d) Space within the hospital to provide these services;
e) Services for long term patients;
f) More effective working relationship with the community.

Channel Hospital, Channel

This is another hospital in the western region which should be considered in relation to the development of a spectrum of mental health services on the west coast. In terms of geography alone, it would be necessary to develop a small in-patient unit with out-patient and day care services in this hospital to service that particular area of the region. Planning for services in this hospital, however, should be done in conjunction with developments in Stephenville and Corner Brook. It is recommended, therefore, that the needs in this particular region, both now and in the future, will require a mental health service delivery system in several hospitals with the Western Memorial performing the role of a referral hospital for special problem cases.

Northern Region



This region is divided into two sections - northern Newfoundland with a population of 17,614, and Labrador with a population of 32,789. There is virtually no network of community services in this region and thus the formula of .4 beds/1000 for short term care and .6 beds/1000 for long term care cannot effectively be applied (see pages 22 and 23).

I.G.A. provides hospital services to an area in both northern Newfoundland and Labrador, comprising a population of 33,871. The remaining population of 16,532 is serviced by the Capt. William Jackman Memorial Hospital at Labrador City.

I.G.A.

There are four hospitals in this complex - at St. Anthony, Goose Bay, North West River and Churchill Falls. At present this population of 33,871 is dependent upon the mental health program

at St. Anthony for comprehensive service.

Curtis Memorial Hospital, St. Anthony

Theoretically, this hospital is supposed to provide both comprehensive mental health care through the hospital and by visiting professional personnel to northern Newfoundland and a large portion of Labrador. Realistically, this is impossible because of the difficulties involved with transportation and with communication. It would be much more feasible and effective for this hospital to concentrate its mental health program in northern Newfoundland and that portion of southern Labrador which is easily accessible to the hospital for the provision of services.

The mental health program in this hospital consists of the following:

- In-patient Service* -- 10 beds located on medical unit and integrated for staffing and service purposes;

(*Note - the majority of these patients are from the northern Newfoundland area with infrequent admissions from Labrador, particularly where the native people are concerned.)

- Out-patient -- limited;
- Day Care -- virtually non-existent;
- Community Services -- limited.

Staffing

1 Psychiatrist
1 Social Worker
1 Nurse (R.N.)
2 Nursing Assistants
(Vacancy - Psychologist)

The number of staff is recognized as grossly inadequate.

Proposals are already being made for the overall extension of the program in this hospital to include:

a) 15 bed in-patient unit with equivalent number of nursing staff for the program based on current standards;
b) development and extension of space for in-patient, day treatment and therapeutic services;

c) development and extension of out-patient, day treatment and outreach services with appropriate staff;

d) development of specialized services which will make it more effective as a referral center for the region.

Labrador

There are four hospitals providing health services in Labrador. Three are administered by I.G.A. (i.e. at Goose Bay, North West River and Churchill Falls); the other is operated by the Salvation Army at Labrador City.

International Grenfell Association (I.G.A.)

At present the mental health program in St. Anthony is the central area for the provision of services to that portion of Labrador for which they are responsible to provide health services. The professional personnel presently at St. Anthony are limited and realistically can only provide a token service both within and outside this area.

Melville Hospital

This hospital at Goose Bay was identified in the Mental Health Report of 1973 for the development of a new service. At present there is only one mental health professional in this hospital - a social worker - with infrequent visits from personnel at St. Anthony. From a geographic viewpoint it is not realistic to consider that effective services can be provided to Labrador from St. Anthony. The most logical and practical solution is to develop a comprehensive service within one of the hospitals in Labrador. Melville Hospital seems to be the logical facility. It is recommended that a program there should include:

- In-patient unit with at least 10 beds;
- Day care, out-patient and outreach services;
- Space for therapeutic activities to meet the needs of these services;
- Community services;
- Adequate staff to make this program effective.

There are also special needs in Labrador which personnel in mental health must consider and be prepared to provide those services which at present are either minimal or non-existent. Some of these problem areas are:

a) Services to children with behavioural disorders;

b) Alcohol and drug abuse (a start has been made on this at North West River);

c) Services to meet the specific mental health needs of the native people within this area of Labrador.

Capt. William Jackman Memorial Hospital, Labrador City

This hospital is located in Labrador City and is administered by the Salvation Army. It provides services to a population of 16,532.

This area was identified for development in the 1973 Mental Health Report. The recommendations were in two phases:

I. Location of a team consisting of a social worker and a nurse;

II. Development of services within the hospital with a full team of support services.

Phase I was initiated in November, 1974. This nominal service consists of a nurse and a social worker who are specifically assigned to the provision of mental health services. The medical aspects of the service are provided by a specialist from St. John's who visits three or four times a year, and by the local physicians.

The mental health program at this point is still at Phase I and consists of the following:

a) In-patient - patients are admitted to medical unit by general practitioners with referrals made to social worker/nurse;
b) Day care - nil;
c) Out-patient/Community Services - carried out by nurse and social worker in close cooperation with medical practitioners and community agencies.

It is now almost three years ago since these recommendations were made. It has already been shown that services provided in Phase I cannot ever begin to meet the need of such a population group and that there is a need to implement Phase II as soon as possible.

This portion of Labrador is similar to other areas in that there is virtually no network of community services. Thus the formula of .4 beds/ 1000 population for active care and .6 beds/ 1000 population for long term care cannot be effectively applied. However, it can be used as a basic guideline in the development of mental health services in the region.

Proposed Developments

1. Minimum of 5 - 10 beds within the hospital with appropriate staffing pattern;
2. Full team of professional staff and support staff;
3. Space within the hospital to provide these services;
4. Development of day care, out-patient and community services.

PROGRAM DATA OUTPUT

PROGRAM DATA OUTPUT

The following data are regularly compiled on hospital based mental health services:

(1) All general hospitals with organized departments of psychiatry and the Waterford Psychiatric Hospital complete an admission and discharge form for each patient admitted on an in-patient basis. These forms are submitted by the individual hospital directly to Statistics Canada each month.

(2) All general hospitals with organized psychiatric out-patient services and the out-patient department of the Waterford Psychiatric Hospital submit a summary of patients treated (new and for follow up treatment) at the end of each month. These statistics are submitted to Statistics Canada on a monthly basis through the Mental Health Division.

(3) An annual report to Statistics Canada is made once a year by each treatment

facility. This summarizes the data already provided on a monthly basis and in addition provides a considerable amount of information on hospital organization, staffing arrangements, activities carried out in various departments, budgets, etc.

In addition to these statistics from the general hospital services and the Waterford Hospital, the staff of the Mental Health Division are involved in collecting data on a variety of subjects. Information is also collected relating to the need for the various types of services and in evaluating, in as far as it is possible, quality of service and the "outcome" as it affects patients. The following are examples of these activities:

(1) The documentation of special services needed. For example the important field of alcoholism and other drug dependencies. A report entitled "Alcoholism and Other Drug Dependencies: Provincial Program Recommendations" was prepared in December, 1975.

(2) The determination and documentation of manpower needs. For example, nursing manpower. A report entitled "A Preliminary Report on the Nursing Manpower Needs of the Waterford Hospital" was prepared in 1976.

(3) The documentation of particular patient populations and characteristics. For instance a report entitled "An Inventory of Retarded Persons Serviced by the Waterford Hospital.

(4) The study and documentation of particular aspects of the organization and function of professional components of hospital services. For example the organization and function of departments of social work in hospitals and in their departments of psychiatry. For example "Proposals for the Development of Social Services Within the Western Memorial Hospital at Corner Brook".

In addition a number of on-going studies are in progress:

(1) An examination of present data/information systems. It would be desirable to modify and improve present systems so that information is more patient oriented and that such information can be of use in evaluating methods of care and treatment and in other forms of research.

(2) A Federal/Provincial working group is also studying patient oriented data systems in relation to alcohol services.

(3) The Mental Health Division in association with provincial hospitals are discussing the possibility of developing comprehensive program evaluative techniques which would allow for more precise knowledge of staff, the utilization and therapeutic outcomes.

EVALUATION MEASURES IN USE

EVALUATION MEASURES IN USE

The following represents the major evaluative procedures and measures currently in use. It is not an exhaustive list.

(1) The Canadian Council on Hospital Accreditation conducts regular evaluations of Canadian hospitals. The results of these appraisals are published yearly by this accreditation body. These appraisals are conducted to ensure that hospitals meet the minimum standards for health care in terms of physical facilities, number of staff, education/training of staff, organization, general operating procedures, etc.

The general hospital psychiatric services, being an integral part of general hospital programs, are included in these surveys and are subject to criteria similar to that of other departments of the hospital. All the general hospitals in Newfoundland (8)

which have organized departments of psychiatry have received the approval of this accreditation committee. The Waterford Psychiatric Hospital has recently been examined and approved for a three year period.

(2) The Canadian Association of Medical Colleges conduct regular evaluations of all medical schools. This includes hospitals which are affiliated with the medical schools for educational purposes at both under-graduate and graduate levels. These evaluations are primarily concerned with the quality of training and education offered by the university and its affiliated services. Such an evaluation was done in connection with the Faculty of Medicine at Memorial University in 1976 and included the Department of Psychiatry. This appraisal is an extensive document but in simple terms the Faculty of Medicine has received full approval and accreditation.

(3) The consultants in the Mental Health Division are closely associated with the operation of the various psychiatric services in the province. Visits are conducted on a regular basis to assist in on-going informal and formal evaluations and service improvements. Formal evaluations and procedures from the point of view of professional practices are being conducted, from time to time, by the staff of the Division - for example a report "Proposed Plan for the Development of Social Services Within the Waterford Hospital, 1974". A follow up of this report in 1976 indicates that the major recommendations have been implemented.

(4) Quantative measures of the activities of the various hospital based services and their outreach activities are obtained from two sources:

1) Monthly summaries of out-patients and day care patients evaluated and treated.

2) Annual reports prepared by Statistics Canada concerning admissions and discharges. Although these quantative measures are useful in many ways, including an ability to make comparisons with other Canadian provinces, there are many gaps in these sources of information and in some instances they are not particularly reliable. These matters are being studied as outlined in the preceding section.

(5) There is an urgent need to gather data and information which would be more meaningful, reliable and would assist us in the evaluation of therapeutic programs and in future planning. With this in mind the Mental Health Division have recently completed a design of an electronic data processing system. This system would allow for the collection of patient oriented information. It would also allow us to look at differences in the method of operation of various service units. <u>The introduction of such a data system will require additional funds which are not</u>

available at this time. Considering the comparatively modest financial requirements and the very real benefits in terms of a more valid appraisal of patient care it is hoped that this system can be introduced in the coming year.

PROGRAM BUDGET

PROGRAM BUDGET

Mental Health Services Division: (1976 Budgeted Costs)		$ 168,000	
			$ 168,000
Psychiatric Unit Costs in General Hospitals: (1976 Budgeted Costs)			
General		339,300	
Janeway		483,600	
Western Memorial		770,900	
Curtis Memorial		45,500	
Grace		647,400	
St. Clare's		695,500	
Central Newfoundland		157,300	
Gander		204,100	
			3,343,600
Waterford Hospital (1976 Budgeted Costs)			12,200,000
Professional Services:			
M.C.P.: (1976 Costs)			
Psychiatrists - Fees for Services	$991,900		
Medical Salaries:			
Janeway	15,600		
Western Memorial	92,300		
Waterford	708,500		
		1,808,300	
Health: (1976 Budgeted Costs) Professional Consultations		9,100	
			1,817,400
Grants: (1976 Budgeted Costs)			
Dept. of Health - Mental Health Association		13,000	
			13,000
			$17,542,000

APPENDICES

APPENDIX A

DAY CARE in a mental hospital

By C. H. POTTLE, M. D., Superintendent,
Hospital for Mental and Nervous Diseases, St. John's, Newfoundland.

The practice of day care is a relatively new one in the area of mental health. In 1948, when two new additions were being planned for the Hospital for Mental and Nervous Diseases at St. John's, Newfoundland, the first floor of one of the new extensions was designed to serve as an Out-patient Clinic and Day Care Centre.

For several years a professional team—psychiatrists, psychologists, social worker and psychiatric nurse from the Mental Hospital staff operated a clinic at the General Hospital; while the necessity for such a service in a general hospital was fully realized, certain advantages were seen in the operation of a psychiatric clinic as an organized unit within the administrative structure of the Mental Hospital. There were several factors which facilitated such a program in Newfoundland. For instance, there was only one mental hospital, no psychiatrist in private practice at that time and the medical staff were obliged to offer services to a variety of voluntary and governmental agencies, as well as physicians in private practice. This, of course, gave the institution a status which in other areas would be more difficult to attain—at least in a short period of time.

The Day Care Program has now been in operation since early 1951, the entire staff being full-time. The nursing personnel and resident physicians are recruited and trained through the institutional training program; likewise, the clinic provides part of the training of such personnel as well as hospital staff, thus giving a well rounded psychiatric experience with particular emphasis on the early psychoses and non-psychotic conditions.

The clinic utilizes the investigative, diagnostic and consultative facilities of the main institution.

The primary purpose of this unit is to provide a free service for people who are unable to pay for psychiatric consultation and treatment; it aims to function as a community clinic. Patients are accepted on a referral basis from physicians in private practice, governmental and voluntary agencies and the hospital in-patient service.

The "treatment day" is from 8 A.M. to 4 P.M., which permits of a fairly extensive program in which there are periods of leisure when the patient is left almost entirely on his own. On statutory holidays the patient remains at home or in his boarding house—a matter which at first was viewed with some doubt—but which we now regard as a very vital part of therapy in that it provides time for participation in domestic life with relatives and friends and exposure to normal people in the community. It offers the opportunity for periodically facing up to problems, as well as re-assurance that the link with the community as a whole is being preserved. Such occasions are also an aid to the physician, in that they are actual test periods which indicate how the patient is progressing in his re-adjustment.

The greater proportion of patients are referred from "out-port" settlements, most of whom are unable to acquire living accommodation while undergoing treatment. Governmental funds are provided to cover board and lodging in such instances. A list of suitable homes has gradually been built up with the co-operation of the Departments of Health and Welfare and under the immediate direction of our Social Service Division. Such homes must conform to certain health standards, fire regulations and be operated by individuals who are appreciative of their role in the overall treatment scheme. Patients in the Boarding Care Program, as well as all others receiving an "active treatment" are provided with transportation by vehicles assigned to the Day Care unit and operated by

trained Psychiatric Nursing Assistants. This provision has many advantages not the least of which is the facilitation of a regular, systematic treatment schedule.

At the treatment level there are organized divisions for Insulin and E.C.T.; although a few patients are carried on "long-term" psycho-therapy, in general—and for a number of reasons—"short-term" psychotherapy is given. While staff and facilities are provided in the Day Care Unit for certain forms of occupational and recreational therapy, by joint planning with the hospital program and utilization of its facilities at specified periods, it has been possible to greatly expand these therapies to include art, music, dancing, movies, games, sports, etc.

In diagnosis, treatment and rehabilitation the "team approach" is fostered. Paper referrals are kept at a minimum with preference being given to the conference method, so that the staff involved may contribute their skills as the individual needs of the patient would seem to require.

The following statistics represent a simple breakdown of the work of this Centre during the year 1954:

Since the question of administration of "Coma Insulin" on Day Care basis is frequently raised, it can be said that in our experience we have had only one case of irreversible coma which required overnight treatment. Among certain safeguards taken are:

(1) All patients are seen by the doctor and nurse in charge before leaving at 4 P.M.

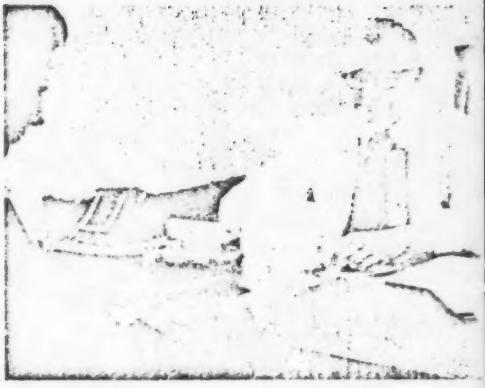
(2) A prescribed dinner and lunch are given at 12 P.M. and 3 P.M.

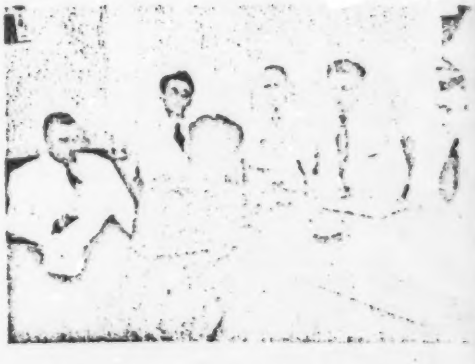
(3) Every patient receives simple instruction as to the nature of treatment and what measures he should take should any sign of insulin reaction occur.

(4) Similar instructions are given to personnel operating private boarding homes, as well as information regarding the type of treatment given to each individual patient.

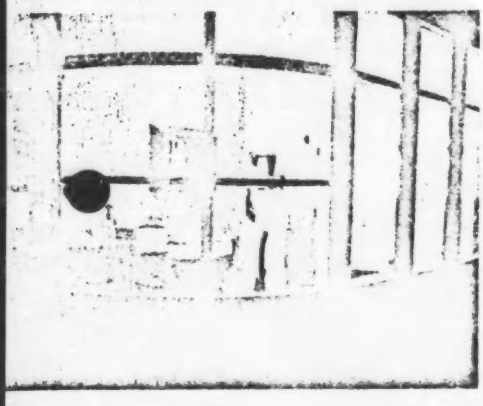
(5) A physician is always on call. This type of program has many advantages.

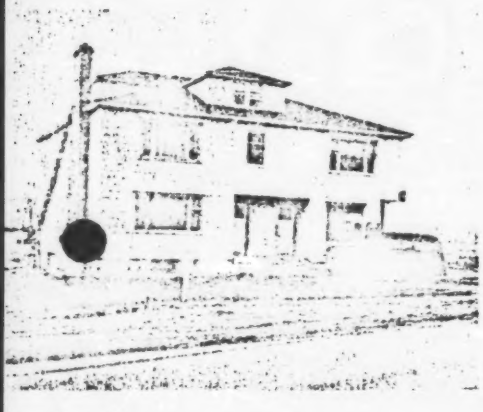
(1) While it is not suggested that day care of psychiatric patients functions ideally in conjunction with a mental hospital program, it is suggested that this is one setting in which it may function with great satisfaction.

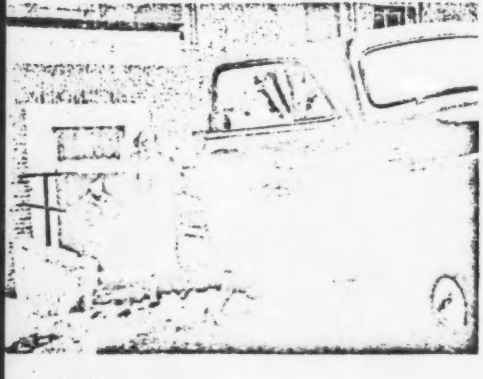




DAY CARE DEPT.	*Male*	*Female*	*Total*
No. new cases referred	235	127	362
No. new cases treated in a former year on O.P. or I.P. Service	47	65	112
No. cases cared for during yr. who are on long-term treatment	23	14	37
Totals	305	206	511
No. Out-patient interviews	642	503	1145
No. PLACED ON ACTIVE TREATMENT	*Male*	*Female*	*Total*
No. treated with Insulin (only)	50	37	87
No. treated with E.C.T. (only)	32	38	70
No. treated with combined E.C.T. & Insulin	20	13	33
Totals	102	88	190
Total No. Discharges	92	81	173
No. still on treatment (Jan. 1, 1955)	7	10	17







(2) In carrying out a comprehensive training program such a service is essential.

(3) The hospital provides a ready source of supply of new staff.

(4) Orientation of staff is such as to make possible the treatment of more difficult cases than are usually handled in a general hospital service.

(5) In our view an increasing number of psychoses can be treated on a day care basis; thus conserving inpatient beds and for the patient avoiding the stigma frequently associated with committal. There would appear to be particular advantages in the treatment of early schizophrenia; for instance, the avoidance of custodial methods, institutional dependency and routine and the preservation of stimuli from "the outside" are regarded as being important therapeutically.

(6) It is a practical step toward the concept of greater patient freedom and responsibility.

(7) Where the link with the community is preserved rehabilitation problems are minimized, both for the patient and professional staff.

(8) In the areas of public relations and mental health education the day care unit can do much in dispelling the still prevalent notions associated with "insanity and asylums", and in making it possible for a mental hospital to function more and more as a community centre in the mental health field.

(9) Mental hospitals will undoubtedly continue to play a major role in the treatment of the more serious forms of mental illness. It is felt, however, that more emphasis should be placed on community psychiatry in its broader sense, the development of clinics, day care units and other similar services which offer greater opportunities for therapeutic and preventive measures directed toward the patient, the home and the environmental setting.

The following list is a continuation of those which have appeared in preceding issues. These films are available for a small service charge from the Canadian Film Institute, 112 Sparks Street, Ottawa. Many are also available from provincial departments of health or through local film libraries. Requests should give full particulars as to time, place and purpose of the proposed showing. The comments are those of the film reviewing committee of the Department of National Health and Welfare. Films are 16mm., sound and black-and-white unless otherwise indicated.

ONE SMALL CANDLE

1954 — color, 22 minutes.

Covers procedure in a clinic and a private school for retarded children showing how one small American community grappled with the problem of helping retarded children. While production is amateurish there is nothing feigned in the sequences showing the children in their activities at the school or their reaction to the interest that is taken in helping these children to help themselves. An excellent film for parent groups in many communities faced with the problem of getting public support for similar schools.

ACCENT ON USE

1946 — 20 minutes, b.&w.

Shows the part played by the forces of nature—heat, light, water and electricity—when utilized as physical therapy in restoring the health of infantile paralysis patients. Treatment is shown, with young children as subjects, for relieving pain and muscle re-education. The latter part of the film deals with physiotherapy applied to illnesses other than polio, such as spasticity and osteomyelitis. Good for general adult showing and physio-therapy students but its age makes the film slightly dated.

MEDICAL TECHNOLOGIST

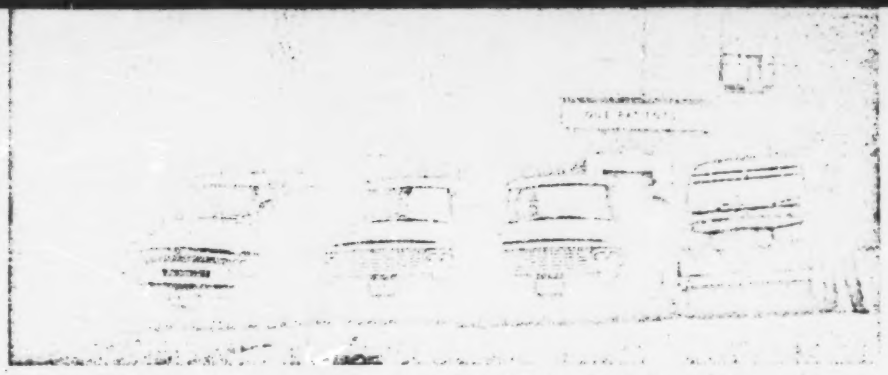
1954 — color, 30 minutes.

One of the "Careers" series made in the United States it tells the story of a girl interested in a laboratory technician's career. She is given sympathetic hearing by girls in the local hospital laboratory and taken on a trip around the labs. The film ends up by showing the girl taking the new course with other high school friends. A Canadian introduction to the film tells what minimum qualifications are, where most of the work will be done, and who to apply to for information. Useful for high school and university science students.

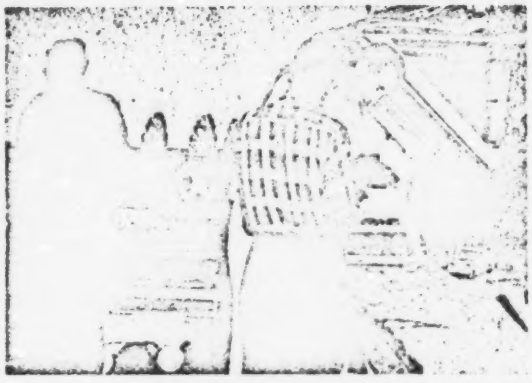
AN OUTBREAK OF SALMONELLA POISONING

1954 — color, 13 minutes.

Produced for the U.S. Department of Public Health, depicts details of a simulated outbreak of Salmonella infection at a U.S. Air Force base. The men become ill from an evening meal and the film goes on to trace cause of infection. Recommended for use by sanitarians and persons responsible for food handling or packing.



Transportation for day care patients at the Hospital for Mental and Nervous Diseases, St. John's.



Occupational therapy

Day Treatment for Mental Health

E. Ryan, M.B.
J. F. Walsh, M.B.
C. H. Pottle, M.D.

THE first institution designed specifically for the mentally ill was built in Newfoundland in the year 1855. It was mainly custodial until the 1930's, and it was not until the end of World War II that sufficient trained personnel became available to permit a major shift in emphasis to organized training and intensive treatment programs.

In 1946 all psychiatric services for the province were provided by the Provincial Hospital in St. John's. In recognition of the obvious need to develop community oriented services, day and evening clinics were initiated within and outside the hospital. In order to provide adequate and more comprehensive treatment, the practice of day care, utilizing hospital facilities, began early in the same year.[1 & 2]

In 1947, when plans were being formulated for the addition of two new wings, experience with day treatment clearly indicated that part of this space should constitute an integrated out-patient — day care centre.[3] This unit which is shown in the accompanying diagram was officially opened in early 1951.[4]

The day treatment centre has an important relationship with the St. John's General Hospital, in that a professional team holds clinics there on two half-days each week. Referrals are largely from the general and special clinics of that institution.

Dr. Ryan is director of the day treatment and out-patient services and Dr. Walsh is superintendent, Hospital for Mental and Nervous Diseases, St. John's.
Dr. Pottle is director of Mental Health Services for the province of Newfoundland.
For references see page 94

The rôle of the centre in the over-all mental health services may be stated briefly as follows:

(a) To provide intensive treatment, eight hours a day, in a special setting for any patient who is well enough to remain in his home or boarding house at night, irrespective of diagnosis.

(b) To provide treatment for patients seen at the General Hospital clinics, and to integrate the psychiatric services of both organizations.

(c) To provide a wide range of consultant and treatment services to private practitioners, voluntary and governmental agencies.

(d) To give after care to discharged in-patients living in foster or boarding homes in the city and environs.

(e) To make treatment available to people who do not require full time hospitalization.

(f) To provide a facility for research in new treatment methods, particularly in the areas of social and community psychiatry.[5]

(g) To participate in training programs for all disciplines in the mental health field.

Organization

The present staff consists of: one senior psychiatrist, one senior resident — rotating, one psychologist (Ph.D.), two social workers, one occupational therapist, one occupational therapy assistant, two graduate nurses (psychiatric), five trained nursing assistants (psychiatric), and three clerical.

Consultant services are available through the organized clinics of the General Hospital and visit-

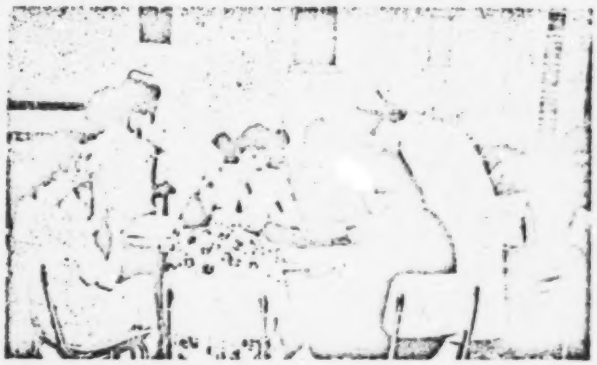
ing staff. The x-ray, laboratory, electroencephalography, and other diagnostic services of the Provincial Hospital are utilized.

Since a high proportion of referrals are from out of town, the centre has a list of small boarding homes, where priority is given to psychiatric patients.[6] Funds are made available through the Department of Welfare to cover the boarding costs of patients unable to pay.

Vehicles are assigned to the treatment centre for the use of social service personnel, and for patient transportation, where there are financial or psychiatric indications. These vehicles are operated by psychiatric nursing assistants.

Treatment

The organized treatment programs include, E.C.T., sub-coma insulin, chemo-therapy, individual and group psychotherapy, occupational and recreational therapy. The over-all emphasis, however, is on group therapy. For this reason, the relatively small staff are chosen with particular care, having in mind personality, resourcefulness, ability to utilize dynamic concepts, and the principles of a therapeutic community.[7 & 8]



Female occupational therapy.

Follow-up and after care

Regular follow-up visits after the period of active day treatment is a routine practice for patients who live in the city and adjacent area. Scheduled clinics are held for this purpose.

Close liaison with the referring physician is maintained so that he may take over medical supervision as early as possible. Distance, transportation and communication present unique problems for many Newfoundland communities. These, however, have been greatly minimized by supplying the local physicians with a comprehensive discharge report, including suggestions for continued treatment and management.

In this setting, great clinical significance is attached to the prompt transmission of the discharge report, which must be posted on the date of the patient's discharge.

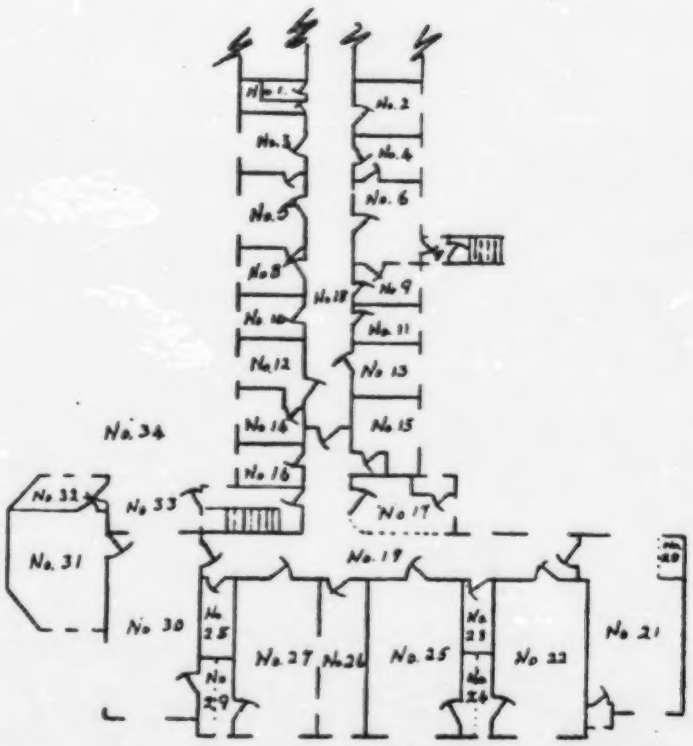
The area welfare officer is a key figure in follow-up, and a direct working relationship exists with our social service department.

Boarding and foster homes are used for discharged patients from both the day treatment and in-patient departments. Flexible arrangements with the Department of Welfare permit their use for a variety of purposes, which include long-term care, short-term after care, trial discharge and while awaiting job

(concluded on page 94)

OUT-PATIENT DAY-CARE CENTRE

1. utility and storage
2. records office
3. doctor in charge
4., 11., 13. social service
5. reception office
6. waiting room
7. vestibule
8. chief psychologist
9. information
10., 15., 24., 29., bathroom
12., 16. psychologist's office
14. examination room
17., 20. nursing station
18. out-patient corridor
19. day-care corridor
21. female occ. therapy
22. 8-bed ward
23. linen cupboard
25. group psychotherapy
26. serving pantry
27. dining room
28. cleaners closet
30. day room and male occ. therapy
31. male occ. therapy
32. transportation office
33. entrance platform
34. parking area for vans



At St. Clare's Mercy Hospital

Seen in the picture is part of the library at Lady of Lourdes Hall, School of Nursing, St. Clare's Mercy Hospital, St. John's, Nfld. A new $1,892,000 wing has just been completed at the hospital, bringing the total number of beds to 208. Facilities in the new addition will be mainly for paediatric, obstetric and emergency cases. A dietary department and storage area have been added and improvements to the x-ray and physiotherapy departments and other areas have also been included. An overhead archway and an underground passage connect the new wing to the main hospital.

Mental Health

(concluded from page 64)

placement. The cost of this program is borne by the Department of Public Welfare, when the patient is unable to pay.

Modern drug therapy has made it possible to maintain large numbers of patients in their own communities, and a practical method for making such drugs available to indigent persons has been devised.

Summary Patients Day Care Centre and Out-Patient Clinics
January 1 to December 31, 1960

	First Referrals		Long-term Treatment & After care		Total		Grand Total	Patient Visits	Admitted to In-pt. Services
	M	F	M	F	M	F			
Day Care Centre Hospital for Mental and Nervous Diseases	202	162	105	184	307	346	653	1441	31
Out-Patient Clinics General Hospital	60	72	16	35	76	107	183	454	4

Future Plans

The mental health services of this province now consist of two mental hospitals (approximately 800 patients), one unit for the treatment of long-term psychiatric cases (approximately 120 patients) and the program of day treatment.

Future plans will take into consideration the planning of regional psychiatric services with special attention to association with general hospital services. Special services for the aged and the mentally retarded will be an important aspect of any comprehensive plan.

At present, there are plans for a child guidance clinic in St. John's, and a director with special training will be available to initiate this project this year.

Two new regional hospitals are now under construction, each of which will have an in-patient psychiatric service, in addition to a combined out-patient day treatment program.

Comments

1. An integrated day treatment — out-patient centre can play an important rôle in association with a mental hospital. This can be further strengthened by an association with a general hospital.

2. It provides the mental hospital with a broad, flexible, stimulating, and more comprehensive treatment program.

3. It has definite advantages over full-time hospitalization. Dependency and regression are much less likely—particularly in schizophrenics — when community contacts are preserved.

4. Social re-adjustment is more readily achieved.

5. There is no significant carry-over of traditional attitudes associated with mental hospitals.

6. Treatment concepts inherent in day care and the concepts of the open door and greater patient freedom and responsibility are axiomatic.

7. The importance of such a program in public relations, mental health education and in facilitating the many important changes in mental hospitals, which are implicit in recent trends and thinking in relation to the development of psychiatric services, is worthy of note.

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Britons obviously have not taken kindly to our custom of using tea bags. We were seated next to two Englishwomen in a tea room around 5 the other afternoon when one of them ordered.

"Two teas, without the surgical dressing, please."

APPENDIX C

PATIENTS TREATED AT THE WATERFORD HOSPITAL
AND 10 GENERAL HOSPITAL PSYCHIATRIC SERVICES**

HOSPITAL	INFORMATION	1970	1971	1972	1973	1974	1975
GRACE	No. of Admissions to In-patient Services	N/A*	453	358	400	439	432
	No. of New Patients seen in the Out-patient-Day Care Services	N/A	191	176	187	264	430
	No. of Visits by "Old" Patients	N/A	2,452	2,681	1,813	1,936	3,400
GENERAL	No. of Admissions to In-patient Services	295	296	225	259	381	400
	No. of New Patients seen in the Out-patient-Day Care Services	78	97	91	82	72	332
	No. of Visits by "Old" Patients	1,097	1,358	1,286	1,152	1,018	1,085
JANEWAY	No. of Admissions to In-patient Services	82	95	67	70	77	75
	No. of New Patients seen in the Out-patient-Day Care Services	566	412	598	369	301	227
	No. of Visits by "Old" Patients	1,600	1,648	1,589	1,874	1,422	1,135
ST. CLARE'S	No. of Admissions to In-patient Services	255	243	284	425	515	565
	No. of New Patients seen in the Out-patient-Day Care Services	131	121	121	272	363	413
	No. of Visits by "Old" Patients	960	869	869	1,956	2,608	2,891
WATERFORD	No. of Admissions to In-patient Services	998	1,161	1,110	1,106	930	950
	No. of New Patients seen in the Out-patient-Day Care Services	300	311	326	275	244	260
	No. of Visits by "Old" Patients	2,596	2,583	3,000	2,981	2,261	2,625
WESTERN MEMORIAL	No. of Admissions to In-patient Services	319	335	320	368	368	341
	No. of New Patients seen in the Out-patient-Day Care Services	638	653	640	763	755	657
	No. of Visits by "Old" Patients	1,914	1,959	1,920	2,350	2,324	1,971
	TOTALS CARRIED FORWARD:						
	No. of Admissions to In-patient Services	1,949	2,583	2,364	2,628	2,710	2,763
	No. of New Patients seen in the Out-patient-Day Care Services	1,713	1,785	1,952	1,948	1,999	2,319
	No. of Visits by "Old" Patients	8,167	10,869	11,345	12,126	11,569	13,107

*Not Available

HOSPITAL	INFORMATION	1970	1971	1972	1973	1974	1975
	TOTALS BROUGHT FORWARD:						
	No. of Admissions to In-patient Services	1,949	2,583	2,364	2,628	2,710	2,763
	No. of New Patients seen in the Out-patient-Day Care Services	1,713	1,785	1,952	1,948	1,999	2,319
	No. of Visits by "Old" Patients	8,167	10,869	11,345	12,126	11,569	13,107
CENTRAL NFLD.	No. of Admissions to In-patient Services	37	81	Service Temp. Closed	75	75	20
	No. of New Patients seen in the Out-patient-Day Care Services	25	70		50	50	338
	No. of Visits by "Old" Patients	50	130		100	100	100
CARBONEAR	No. of Admissions to In-patient Services	61	61	61	28	41	45
	No. of New Patients seen in the Out-patient-Day Care Services	50	50	50	50	65	62
	No. of Visits by "Old" Patients	700	700	700	700	857	806
CURTIS MEMORIAL	No. of Admissions to In-patient Services	151	105	94	135	5	200
	No. of New Patients seen in the Out-patient-Day Care Services	50	50	50	50	50	164
	No. of Visits by "Old" Patients	300	300	300	300	300	300
JAMES [illegible]ATON	No. of Admissions to In-patient Services	Service Started in 1972		19	112	175	175
	No. of New Patients seen in the Out-patient-Day Care Services			50	225	255	242
	No. of Visits by "Old" Patients			100	400	500	700
	T O T A L S						
	No. of Admissions to In-patient Services	2,198	2,830	2,538	2,978	3,006	3,203
	No. of New Patients seen in the Out-patient-Day Care Services	1,838	1,955	2,102	2,323	2,419	3,125
	No. of Visits by "Old" Patients	9 217	11,999	12,445	13,626	13,326	15,013

** Editor's Note: These statistics were compiled by researchers who obtained their information from three main sources: (1) Monthly Out-patient reports submitted to Statistics Canada, (2) Annual Reports submitted to Statistics Canada, and (3) Annual Reports submitted to the Department of Health. As all of these data sources are known to be less than perfectly reliable, the numbers presented here should be viewed more as rough indicators rather than as precise enumerators.